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ESSAYS, CASES AND SELECTIONS.

MECHANICAL AND OTHER EMPLOYMENTS FOR PATIENTS IN THE BRITISH LUNATIC ASYLUMS.

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ONE of the most noticeable things which an American finds in visiting the county and borough lunatic asylums of England, is the quietness and loneliness of the wards during the daytime. On inquiry as to the cause, he is told that most of the patients are engaged in various occupations on the farm, and the grounds about the house, in the garden, and in the work-shops. Going out of the hospital, he finds men every where at work, digging, hoeing, shoveling, raking, wheeling, performing all sorts of labor connected with horticulture and agriculture, and apparently as correctly and sanely, and certainly as quietly and steadily, as sane men do similar things, in the fields and gardens elsewhere.

On farther examination, he finds shops of many kinds, where carpenters, blacksmiths, cabinet makers, tinmen, shoemakers, engineers, tailors, plumbers, matmakers, upholsterers, &c., are engaged in these and other mechanical occupations. I found these in all the public asylums I visited: they seem to be common and perhaps universal throughout the

kingdom, for it is the acknowledged policy of those who have the general administration of the insane, and of those who have the special management of the asylums, to employ the patient's body and brain, his limbs and his mind as much as possible, in a sane way and on sane subjects, and for some real purpose, to which he can give his attention. They find this generally can be done the most easily and effectively in such occupations as had been most familiar and agreeable to the patient when in health, or those which, they suppose, will be the most attractive to him, when his mind or affections are deranged.

Gradually and cautiously, in the beginning, the experiments were tried of inducing patients, who had before been left to themselves in the wards, now to go to the shops and engage in a series of operations with the hands, that also required the coöperation or the direction of the brain. At first the quiet and very manageable and manifestly harmless patients, who had some mental activity, were taken to the shops, and put to work. When they found, that these went willingly to their several employments and seemed to be pleased with the opportunity of varied exercise, they added some of those who were more excitable and apparently less safe in the use of tools and in whose hands they had not, at first, dared to place sharp and dangerous instruments. But it was found, that these also went gladly to their work and seemed gratified with the confidence that entrusted such tools in their hands. Then also others of the opposite class, the torpid and the demented, and especially those who were approaching dementia, were taken from the wards to the shops and put to work. These if not willingly, or if not by any active will on their own part in favor of the proposal, yielded to it, at least, with little or no active resistance, and went to the work. Many and various influences and motives combined to induce the patients of all mental conditions to engage and persevere in the several occupations offered to them. The authority of the governing power, the law and the officer, the tact and persuasion of the attendants, the influence of the ready upon the slow, all these and many other

motives coöperated in leading them from the wards to the scenes and places of labor. The moral discipline of the general industry, the influence of the kind, judicious and appropriate leader, who superintended the operations whether in shop or abroad, and the sympathy and example of other patients who were working in the same way and in the same room or place, operated, in great degree, to overcome any restlessness, to keep down any uprising spirit, to restrain vagaries of thought and hold their minds to the work before them.

It certainly required much teaching and guidance, much coaxing and even urgency to induce the dull and torpid to awake their sleeping thoughts, and apply their inactive minds to any thing that required continued attention. Nevertheless this was done everywhere, and in many cases that promised little or nothing in the advance. There were some very manifestly demented patients, with as little apparent power of mental action as living humanity ever presents even in its lowest developments or repressions; these were at work carrying on simple processes, that required little or no thought, certainly no comprehension of plan, and no complication of ideas, but which brought into action all the mental power they possessed. And they were working apparently contentedly and more than contentedly, for they seemed to enjoy their-occupation. One man was wheeling gravel from a bank of earth to a place of deposit, at another side of the yard. He appeared to have hardly more thought than his barrow, yet he went to and fro, trundling his vehicle as mechanically as his wheel rolled round, waiting for it to be filled at one end and depositing his load at the other end of his journey, without mistake, for hours successively.

I saw at the asylum at Powick, in Worcestershire, an idiot busily at work in the shoe-shop. He was twenty years old when he was brought there. He had been an idiot from his birth and had never been taught to do any mechanical work before he came there. Nevertheless, Dr. Sherlock, the Superintendent, taking counsel of his success in other cases of similar if not so hopeless a form, undertook to set him to work

in the shoe-shop. But the director of the shop, who was also one of the attendants said, that none could be more unpromising at first, and for a long period ; it required the close and persevering teaching of several months, six, I think, to get the man to give his attention to any instruction and perform any, even the slightest and simplest process, by direction, and repeat it when asked or by his own volition. But when he had gained the power to do any simple thing, and could remember how to do it again, and rouse sufficient intellect to carry it through, he had gained at least a starting point, and he learned more easily and less slowly thereafter : but it was two years before he was able even to peg the bottom of a shoe, without continual supervision and direction. Then he had made such progress in his education, that when the shoe was put on the last, and the sole cut to the proper shape and laid on it, and the pegs laid by his side, and the awl and hammer placed in his hands, he could make the holes, put the pegs into them and drive them down, and repeat this, until he had gone all round the sole of the shoe, and then he would wait for a new direction. At length he acquired a power and even a facility of doing all of this without supervision, and then he added to this the power to put on the heels of proper thickness, and then of trimming the sides, and smoothing and polishing the surface and finishing the whole for use.

I do not know how long he had been at work when I saw him. He seemed to be about twenty-six or twenty-eight years old, and if so, he had been in the shop six or eight years. But he was then working apparently as contentedly and certainly as steadily as sane men work in other shoe-shops. Indeed, he seemed to be more than contented. He was evidently pleased with being there, and with the success of his labors. He smiled pleasantly when I looked at his shoes and said, "they were well made, and would be worn and do good service." I was told that he worked there constantly, about ten hours a day, and always in the same manner as he presented at my visits.

He was not a skillful workman : he was not expected to be. He had not the acuteness of the perceptive faculties, nor the

accurate power of discrimination, nor the nice exactness of co-adaptation, nor yet the delicacy of muscular control, that are necessary to make one skillful in mechanical workmanship. He was naturally and necessarily a coarse workman, for his organization had made him such. The shoes which he made were coarse brogans: but for their purpose and of their kind, they were good and well made: the upper-leather and the several pieces of the sole and heel were all well put together: no necessary part or process was omitted, nothing needed was left undone, and Dr. Sherlock felt confident that he would carry through the whole series of processes committed to him, and make a shoe good of its kind, with about the same certainty as other and sane men ordinarily do.

Without this training or some other of similar adaptation to his feeble powers, and this perseverance corresponding to his mental inactivity, this man probably would have been left to himself to pass a life of mere passivity in the wards of the hospital, vegetating with scarcely a thought and little or no muscular action. Yet he is a type of a class, which the English managers of lunatic asylums have endeavored, with good success, to rouse from a torpidity approaching mental death, up to some degree of life, and to give that life a convenient and useful direction and make its force available.

In the same shop with the idiot shoemaker, there were other patients at work in the same way. Most if not all of these were brighter than he was. They may have been troubled with mania, which was for the time repressed, or with dementia but for the moment giving place to life, but they showed nothing that would reveal to the unpracticed visitor that they were insane.

In other shops there were carpenters, cabinet-makers, blacksmiths, tailors, tinmen, plumbers, &c., busily employed. These were patients of the asylum, some were insane in various ways and in various degrees, and some were demented; but they were performing their several parts with the same quietness and attentiveness to the work in their hands, and apparently with the same success that I noticed in the shoe-shop. They seemed to be as much interested in

the business assigned them and as attentive to the several processes, and to use their tools with as much care and safety as other and sane men do in the outer world, and as far as I could see, with as much skill as men of their degree of general or special culture and practice in these handicrafts do, in other and similar shops. Yet it can hardly be believed that this apparent degree of skill was real: it is not to be supposed that an insane or demented mechanic, with a weakened or a disturbed or disturbable brain and nervous system, with duller perceptive faculties, slower reasoning power or unbalanced mind, can have that discipline and control of his muscular actions which is needful to make a good mechanic.

I inquired everywhere, whether this employment of the insane, as carpenters, blacksmiths, &c., and entrusting them with sharp tools and dangerous means was safe, and I was universally told that it was. I heard of only one instance of any harm growing out of the practice, and that proved to be of no serious consequence. It did not, in the minds of the Commissioners in Lunacy or of the managers of asylums, have any weight against the system, nor lessen their confidence in the propriety and feasibility of the general adoption of mechanical occupations among the means of treatment of the insane.

It is very probable, even quite certain, that the superintendents use all due discrimination in the selection of patients for the shops. They know the mental state, the propensities and the liabilities of those who are under their care, and would naturally hesitate about putting sharp instruments into the hands of some more than others, and would refrain from giving them to some, whom, from their own knowledge of them personally, or from their familiarity with others in similar condition, they supposed to be untrustworthy. Nevertheless they do entrust such tools to a much larger class than the world, inexperienced in such matters, would think safe. There were men in the cabinet-makers' and carpenters' shops, who were excitable when in the world abroad and even in the wards of the asylum, and from their language and manner,

they might seem to strangers to be dangerous, if they had the means and opportunity of doing harm.

I discovered no difference of opinion among all who were interested in, or connected with, lunatic asylums, as to the safety, advantage and propriety of employing patients as artisans. All agreed that it was advantageous for the institutions, and profitable for the inmates. The only difference of opinion was, that some thought it best that the attendants should be mechanics, who should attend to their several wards and patients while in the house, and go to their appropriate shops when they went to work and there superintend those who were engaged in the employment familiar to them. As the classification of the patients in the hospital would not be on the basis of trade or occupation, the carpenters in one ward and the shoemakers in another, and the farmers in a third, but according to form and state of disease, it follows, that, by this system the attendant must have the charge of one set of patients while in the house, and of another set while in the shops. This is the plan adopted at the Worcestershire Asylum. But some others thought, that two different sets of men should be engaged, one to have the charge of all the patients, while in the wards, in the night and in the non-working hours, and the few, the aged, feeble, and unwilling, who do not work, during the day. These need no skill as mechanics; but another set should be artisans, blacksmiths, tailors, &c., and these should have the charge of the patients and the work of the shops, but no responsibility for the lunatics while they were in the house.

In all sorts of ways, and with as large a variety of means of employment as could be brought into the asylums, the superintendents send as many to the shops, the grounds, the gardens, the farm, the stables, &c., as they can induce to work. Of course, there are some in every establishment of this sort, who can not be persuaded to work or occupy themselves in any way. The very aged, the feeble, the sick, the paralytic can not work. Some are too excitable and doubtless some are too torpid, some may have too little intellect to comprehend any process, and some are able and intelligent

but unwilling. But making all these deductions, the managers have been able to induce about two-thirds and often more to engage in some kind of labor, and sometimes this proportion has run up as high as ninety per cent. of all, yet this is a rare success, and due to a favorable combination of circumstances and conditions that may not be expected in the usual course of hospital life. In the reports of a large portion of the English county and borough asylums, printed within the last twenty, and mostly within the last ten years, patients are stated to be employed in the following capacities, occupations and spheres:

M E N .

Clerk,	Garden,	Coir Picker,
Messenger,	Grounds,	Hatter,
Gate Porter,	Roadway,	Knitter,
House Porter,	Stable,	Lace Maker,
Town Porter,	Brickmaking,	Mat Maker,
Aid in Galleries,	Limekiln,	Mop Maker,
Aid in Store Rooms,	Quarry,	Oakum Picker,
Aid in Kitchen,	Stone Shed,	Printer,
Aid in Coal House,	Carpenter,	Shoemaker,
Aid in Superintend-	Mason,	Straw Plaiter,
ent's House,	Slater,	Tailor,
Baker and Brewer,	Painter,	Tinman,
Furnacemen,	Plumber,	Tanner,
Wood Cutter,	Glazier,	Weaver,
Grinding Corn,	Engineer Shop,	Wheelwright,
Mangling,	Basket Maker,	Whitesmith,
Turning Washing	Blacksmith,	Upholsterer,
Machine,	Blanket Quilting,	Cooper,
Attendant,	Book Binder,	Engraver,
Organist,	Brush Maker,	Glue Maker.
Farm,	Cabinet Maker,	

W O M E N .

Kitchen,	Aiding Attendant,	Making Hats,
Peeling Potatoes,	Garden,	Making Lace,
Washing,	Weeding,	Making Shoes,

Ironing,	Picking Fruit,	Making Stocks,
Mangling,	Farm,	Making Vests,
Folding and Mend-	Haying,	Needle Work,
ing hose,	Dairy,	Netting,
Mending men's	Roadway,	Picking Coir,
clothes,	Fancy Work,	Picking Flock,
Mending women's	Plaiting Straw,	Quilting,
clothes,	Making Bonnets,	Shoe Binding,
Cleaning,	Making Cloth Boots,	Knitting.
Cleaning Galleries,	Making Gloves,	

It is not to be supposed that all of these are pursued in any one asylum, perhaps not half of them are found in any single asylum. There may be and probably are other occupations in which patients are sometimes engaged, but not mentioned in the reports.

The officers keep a daily record of the manner and time in which every patient is occupied. This record is kept in a book, and in some, perhaps in all the hospitals, this is condensed into a table every week, and again every month, and a copy sent to the Board of Commissioners of Lunacy in London.

Most of the reports include either condensed abstracts of the records of the whole year, showing the average number engaged in each occupation through the twelve months, or they give specimens to show how many were employed in each way on the days, weeks, or months selected. Several of them state also the number unemployed, and the reasons for their being left in the wards.

The following are selected from the many annual reports of the asylums, whose names are at the head of the columns, taking one year of each series:

NUMBER OF MALES EMPLOYED IN SEVERAL ASYLUMS.

	AVERAGE THROUGH THE YEAR.				AVERAGE AT SPECIFIED TIMES.			
	Sussex.	Dorset	Surry.	Hampshire.	Lancashire.	Prestwich.	Rainhill.	Obs. ter.*
Farmers,	30..	25	12	19.25.	77 }	68.75	61.	43.3
Gardeners,	10..		87	25....	10 }			
Bakers,	1..		2	3.4..	3..	3..	2..	
Brewers,	2..			2..	3..	1..		
In Kitchen,	1..		7	1..	4..	6..		4.6
In Laundry,	1..		12	8.75.				
In Office,				1..				
House Porters,	1..	1		2..				
Store Porters,	5..		1	2..		1..	2..	11.3
Coal Porters,	5..		6					
Cleaning Galleries,	5..				98.5		30..	
Cleaning Furniture,	19..	16			32..	30..		10.6
Cleaning Wards,	35..		57					
Cutting Wood,				75..				
Carpenters,	4..	3	4	1.5..	6..	2..	4..	3
Bricklayers,	1..		5	1.5..	1..	1..	4..	
Painters,		1	1	2.75.		5..		6
Plumbers,	3..				2..		1..	
Glaziers,								
Engineer's Aid,	3..	3	1	5.5..		5..	6..	2.6
Blacksmiths,			1		2..		2..	
Tailors,	9..	4	15	4.75.	12..	4..	8..	
Shoemakers,	10..	4	11	6.5..	9..		9..	8
Tinmen,								1
Upholsterers,			1			11.5.		
Weavers,					2..			
Bookbinders,					3..			
Picking Oakum,				63.5.				
Picking Flock,		6			5.75.			
Mat Makers,	7..		7		4..			
Turder,								
Picking Coir,			9				2..	
Mop Makers,			1					
Breaking Stones,								4.5
Crushing Sand,					10..			
Pumping,					12..			
Other in-door work,					30.25			

UNEMPLOYED.

Excited with Restraint, ..					2.25		4..	
Excited without Restraint, ..						2.5		
Excited in seclusion, ..						4.5		1.3
Excited without seclusion, ..					7.25	6..		
Sick,							8..	
Sick in bed,			15	4.75.	45..	88..		10
Quiet,							23	
Aged and infirm,							5..	
Too low spirited,							8..	
Too little mind,							6..	
Able but unwilling,								

* The returns of the Chester Asylum include only the forenoons. All the others include both forenoon and afternoon.

NUMBER OF FEMALES EMPLOYED IN SEVERAL ASYLUMS.

	AVERAGE THROUGH THE YEAR.				AVERAGE AT SPECIFIED TIMES.			
	Sussex.	Dorset	Surry.	Hampshire.	Launcester.	Preston.	Main-hill.	Cheshire.*
House Work.....	.40..	.2	..	.5...	.....	.....	.....	.....
Cleaning6.5.	.....	.....	.2	.....
Cleaning Wards171.3*	.27.5	.41.	.17.
In Kitchen.....	.12..	.3	.8	.....	.10..	.8.75	.9.5	.6.
Peeling Potatoes.....16†	.....	.6*	.....
Washing11.	.....
Mangling.....4	.....
Ironing10	.....
Folding
Laundry18	.45	.38..	.51.3.	.36..	.....	.25.
Laundry & Wash House, In Superintendent's house	.85..	.....	.....	.....	.....	.....	.....	.....
Needle Room.....27	.....	.58.25	.....	.....	.64.5	.....
Needle and Fancy Work,	.65..	.....	.175	.....	.....	.....	.....	.....
Quilting and Sewing,...136.3†	.19.75	.....	.47.
Knitting,5	.....	.....	.....	.....	.6.	.....
Knitting and Netting....20†	.11.25	.....	.5.4
Netting,
Mending Stockings,...12.5.	.12.75	.....	.5.6
Bonnet Making,1†	.....	.....	.....
Hat Making,3	.....	.....	.....	.....	.....	.....
Plating Straw.....
Shoebinding,4†	.....	.2	.1.
Hay Making,63.75	.....	.....
Picking Flock.....36.	.10.	.....	.05
Ward helpers.....18	.63	.39..	.....	.....	.....	.03
Cleaning Chapel.....1.

UNEMPLOYED.								
Too little mind .....	.....	.....	.....	.....	.....	.....	.8.8	.....
Too low spirited, .....	.....	.....	.....	.....	.....	.....	.....	.....
Aged and infirm.....	.....	.....	.....	.....	.....	.....	.4	.....
Sick in bed, .....	.....	.....	.....	.....	.....	.....	.12.3	.....
Sick .....	.....	.....	.....	.....	.18.6.	.13..	.....	.066
Excited, .....	.....	.....	.....	.....	.3.33	.1.75	.14.3	.....
Excited and secluded....	.....	.....	.....	.....	.066	.1	.....	.....
Quiet .....	.....	.....	.....	.....	.57..	.52..	.....	.35.3
Able but unwilling, .....	.....	.....	.....	.....	.....	.....	.15.6	.....

The numbers given in this table are the averages of patients employed through the year in the asylums of Surry, Sussex, Hampshire and Dorset, and for several specimen days or weeks in the others, and both forenoon and afternoons of all except Cheshire, and of some occupations excepted in the notes. Some of the asylum reports state the reasons of absence from labor, others do not. Some of the reports omit the occupations of the females, and some omit both sexes. But

* Forenoons only. † Saturdays only. ‡ Afternoons only.

from such as are within reach and state the facts, the following table is deduced, showing the proportion or percentage of all of each sex, that have been induced or were able to engage in any of the employments.

PROPORTION PER CENT. OF THE AVERAGE NUMBER OF PATIENTS EMPLOYED.

Asylum.	Number of years reported.	Percentage of all males.	Percentage of all females.	Asylum.	Number of years reported.	Percentage of all males.	Percentage of all females.
Bethlem,...	...5.....	..71..	..68..	Norfolk,...	...1.....	..52..	..79..
Birmingham	...9.....	..62.5.	..73..	Prestwick,...	...1.....	..58..	..73..
Bucks, ....	...1.....	..72..	..69..	Rainhill, ..	...7.....	..73..	..70.8.
Cheshire, ..	...3.....	..86..	..65..	Stafford,...	...1.....	..37..	..49..
Colney H'ch	...3.....	..50..	.....	Somerset	...1.....	..56..	.....
Devon, ....	...8.....	..77..	..72..	Surry	...6.....	..58..	..60..
Edinburgh,	...1.....	..95..	..80..	Sussex	...1.....	..68.5.	..77..
Essex, ....	...1.....	.....	..42..	Wakefield,.	...1.....	..57..	..71..
Hampshire,	...3.....	..81..	..51..	.....	.....	.....	.....
Lancaster, .	...5.....	..61..	..79..	.....	.....	.....	.....

The average of the fifteen asylums in which the proportion of both sexes employed is stated, is of males 67.2 and of females 69.2 per cent. Each of the thirteen reports of the Wakefield Asylum, from 1849 to 1851, says, "but few at any time unemployed."

The reports of other asylums speak of the employments, frequently specifying some by name, and many give a detailed account of the things that are made and of those that are repaired by the patients, without stating the number or proportion of those that have been at work.

It is the manifest policy of the British managers of the insane to give as much employment as possible to the patients, both for their own good and for the advantage of the asylums. Their reports show that two-thirds of the average insane populations of these institutions are occupied, and that they do most of the work necessary to keep the whole machinery of hospital life agoing, and repair it when necessary. They cultivate the land, make the roads, and shape the grounds; they make and repair furniture, they cook, scour, wash, iron and do all things which the house and household require for their sustenance and comfort. Dr. Holland, Superintendent of the Prestwich Asylum, says, in a letter to the Commissioners in Lunacy, [Rep. viii: p. 131,] "In addition to keeping the stocks

of furniture, bedding, and clothing, three-fifths of the original stock of bedding and clothing, and nearly two-fifths of the original furniture have been made entirely by the attendants and patients, beside which all the repairs of the asylum and a great many important additions and alterations, together with the cultivation of the land and formation of the pleasure grounds and airing courts, were last year executed by the same people, without any external aid whatever." Other reports speak of furniture, bed-steads, tables, chairs, ploughs, wheelbarrows, harrows, forks, &c., made by the patients. Some do even more than to supply their own wants. Staffordshire Asylum supplied another with shoes. The Wakefield Asylum does the washing for a training college. Almost all the furniture, chairs, bed-steads, mattresses, tables, wardrobes, bureaux, almost all needed articles that are usually made in shops were made in the school for idiots at Redhill, for a new insane asylum of about four hundred patients. The inmates of this idiot establishment include some of higher grade of intellect than similar institutions of the United States. Some are apparently not congenital idiots, but demented; some are merely simpletons. But they all, (as others of disordered or imperfect minds,) require teaching and direction; yet that school is provided with a great variety of mechanic shops, and many kinds of articles, some of nice workmanship, are made there.

The pupils in the Massachusetts school for idiots at Boston, make brooms, mats and shoes, which are good of their kind, and find a ready sale in the market, and thus they add something to the income of the establishment.

This system of employing men in the mechanic arts has been so long in operation in Great Britain, that it has ceased to be an experiment, but is accepted as a settled principle, so that the projectors of new asylums, include workshops, in their original plan, and provide them as certainly as they do lodging rooms and kitchens. These shops have become an essential part of the means of managing the patients. Dr. Cleaton, Superintendent of the Rainhill Asylum, near Liverpool, says, "I am fully persuaded that, next to the disuse of mechanical restraint,

the most important of recent improvements in the treatment of the insane, is the extent to which occupation is adopted as an auxiliary to the pharmaceutical remedies." [VIII: Rep. Com. in Lunacy, p. 130.] The influence on the patients, the workers themselves, is of the utmost importance. Those whose minds are sufficiently active, but prone to wander into delusions and indulge in imaginary creations of events and things and their relations, who admit or indulge misconceptions of the world, and dream of matters that have no existence, and those whose minds are morbidly excited, whose emotions are too lively, who are unnaturally elated, buoyant, depressed or perverse, and also the dull, the torpid, who only wish to be left alone, and be allowed to lie almost inanimate on the beds, settees or floors, or crawl into the dark corners, or sit or walk without thought or emotion, who have few or no wants or aspirations, beyond the gratification of mere animal appetites—all of these—almost all classes of the insane and demented and mentally defective, have been found to derive advantage from any regular and continuous employment, especially such as requires a series of successive operations, and more particularly if it requires their mental attention to guide their hands in the performance of their work.

While they are thus engaged, their minds are brought back from their wanderings, or down from their exaltations, or raised up from their groveling, to the common level and course, and applied to the active and sober realities of things which their hands move or effect, and for which they feel some responsibility, and consequently their disturbing emotions are, at least for the time, quieted and easy.

As no two particles of matter can occupy the same point in space, at the same moment, so no two absorbing thoughts or emotions can occupy the mind or heart at the same instant of time. So long, then, as those, whose minds are prone to wander in delusions, are engaged in mechanical or other employments, their thoughts must be given exclusively to the conduct and succession of natural events and real processes; and as the mind can not admit, or be possessed by, both the sane and the insane idea, the insane one must be excluded,

and the sane one reign paramount ; all the mental powers of the worker, which are in action for the moment are sane, and the mental disorder is for the moment, or that succession of moments, suspended. The sanity may be, and probably is, in most cases, broken and interrupted by insane thoughts and emotions. The attention to the work may be, and undoubtedly often is, uncertain and fitful, and interspersed with sudden temporary alternations of order and disorder. The man may look at and think of his shoe, his awl and his hammer, and bring them together for a second, and then let his crazed imagination carry his thoughts away into his delusions, or permit his morbid feelings to take possession of his soul, and absorb him in grief, or hate, or passion, or exuberant joy—but during the time, however short or long it may be, in which he is applying his awl to the leather, and lifting the hammer and striking the blow in the right place and with the intended effect, his mind must be given to the observation of those processes to see that they are conducted according to his plan ; and, of course, his thought is sane, his hands are performing a sane act, the cerebral as well as the muscular movements are of the same character, and so much sanity is thereby developed and manifested.

While the patients are thus occupied, they are relieved of the presence and pressure of irritating causes : they are better satisfied with themselves, for their morbid and distressing feelings are at rest. They are better reconciled to, or at least, they are not at internal war with, others ; their minds are acting and their emotions are flowing, in harmony with whatever they are then resting upon, and with whoever coöperates with them. There is then no jar within, no discord without, and for the instant, they are at peace with themselves and with the world.

The dull, the torpid, the demented, and those who are inclined to dementia, the fools and the foolish, may find some, perhaps great, even very great difficulty in rousing their minds to sufficient action, and giving their thoughts sufficient concentration to attend to and conduct any mechanical processes, and especially such as require continued and persevering attention. Yet

whenever this can be done by the patient alone, or by him with the aid of others, a great point is gained, of giving life and motion to powers that had been dead or dormant, and of developing action and even energy, where passivity and torpor had, in various degrees, prevailed. Dr. Skae, of the Edinburgh Asylum, says, "that those who had done nothing for years, but mutter to themselves and crouch in corners, now sew and knit from morning till night;" and the men whose previous history could be told in the same words, now work at shoe, basket or cabinet making, or other trades, in the shops, their eight or ten hours a day, and seem to enjoy the change, making their hours more pleasant to themselves and their whole lives more easy and comfortable to those who have the care of or associate with them.

These advantages are then, for a time, at least, gained by mechanical and indeed by any other labor—the excited mind is brought down to the even tenor of the natural being and life, so as to be and act in due relation to the discipline and quiet regularity of the moving world and nature. The perverse, the deluded, the vagarious, the whimsical, the crotchety, are led in straighter paths, in connection with their work, and in harmony with those who direct, and those who labor with them. And the inactive and stupid manifest a degree and a kind of life, in mind as well as in body. All these are steps in the progress towards recovery. They are, each one, in its own kind and measure, parts of that health which men and women enjoy abroad, and which the insane all need and desire to regain.

If then, these processes of labor can be repeated and continued, the steps towards health are multiplied, and the gain increases with the power of repetition and continuance. And if still further, the discipline becomes so established, that the excitable have no morbid exaltation of thought or feeling, the depressible no gloomy emotions or apprehensions, the disordered no wild imaginations, and the torpid no mental death, through all the hours of the day, while they are making shoes, sewing clothes, pounding iron, planing boards, weaving baskets or doing other kinds of work, the value of the gain is

without measure for the curable patient, who out of this may pass into a permanence of healthy mental and physical action, and for the incurable, who has thus secured his days of quiescence and regularity of spirit and life and a great alleviation of disturbance and distress, during his other hours of the day and night, when he is not at work.

The effect on the management of the asylums was very manifest; all the officers and attendants spoke of it with unvarying satisfaction. During the day, the patients being mostly in the shops and other places of labor, contented and sanely occupied, require no other care or supervision than that of the foreman or overseer, who is working with them; and when they return to the wards, their excitability having been expended in labor, they are glad to rest, and enjoy the quietness of the house. They feel happier in the thought, that they have done something as other and sane men do, they are therefore better satisfied with themselves and more reconciled to their position; and as they have been practiced to move in concert with things out of themselves and with other men, so their spirits are less subject to restless discord and antagonism with things and people around them. They are then more cheerful, contented, quiet and manageable, in the wards, in the shops, in the fields, and elsewhere, and the whole administration of the asylum finds less obstacles and more coöperation, and does its work with more ease and effect; its influence is more willingly felt, and the means of cure are applied to the disordered mind with more efficiency and success.

This is the result of the experiment in Great Britain, begun more than twenty years ago, and continued, with increasing extent and confidence, ever since. How far it can be adopted in the insane hospitals in the United States, is a matter for the serious consideration of those who have their management in their hands, but certainly it is a matter of intense interest both to those who would administer this great system of charity and science with the greatest ease and effect, and to those who should enjoy every facility of restoration if they

are curable, and every means of diminishing their morbid excitability and distress and of lessening the burden of their disease, if they can not be restored.

KLEPTOMANIA. BY J. C. BUCKNILL, M. D.

[From the Journal of Mental Science, July, 1862.]

THE injudicious defence of two lady thieves on the plea that they were subject to that form of mental unsoundness to which Mathey* and Marc have given the sounding title of kleptomania, has attracted public attention to this form of mental disease, and has given rise to a considerable amount of written and spoken nonsense upon the subject. Even "our facetious contemporary" has had his jests and his caricatures thereupon, and in the slang of the day, a burglar has become a kleptomaniac, and a prison a kleptomaniac hospital. Alienist physicians have of course received their full share of sarcastic remarks, as theorizers, not over-wise or over-useful to society, who would willingly provide for every crime a decent veil, by referring it to some strange form of mental disease. Now there is such a thing as theft which is the result of mental disease; and also, let us boldly avow our conviction, though we write within the precincts of a mad-house, that there is such a thing as theft which is simply a crime, an attack made by the selfishness of one individual upon the rights of another. Let us even take the broader ground, and avow our profound conviction that insanity and crime are distinct and separate entities, wide as the poles assunder in all instances where their distinctive characters are well marked; although undoubtedly there are instances which are divided by partitions as thin as those which Dryden places between wit and madness, or rather instances in which the qualities of crime and insanity are so intimately combined that the task of analyzing the nature of the act becomes no easy one either to jurist or physician.

* *Recherches nouvelles sur les maladies de l'esprit.*

The marks of crime, and not of insanity, were so strongly impressed upon the instance above referred to, that it is no wonder the defence of the criminals upon the plea of insanity converted this question of scientific interest into a public jest. Two young women belonging to that class of society which is supposed to entitle them to the designation of ladies, wealthy and high-born ladies, as the paragraph writers say, were detected thieving in a remarkably systematic manner. They go to a shop, examine goods, some of which they pretend to purchase, and order to be sent to a false address, and in the meanwhile they take the opportunity of secreting and stealing other goods. Thefts due to insanity are not perpetrated in this systematic manner, neither do insane thieves usually act in combination; and besides the want of combination, which is a characteristic of the acts of the insane, the chances would be a million to one against two insane thieves finding themselves in sufficient proximity to act thus, even if they were capable of so doing. Such a defence, therefore, in this particular instance, was simply absurd. Moreover, if this defence had succeeded, it might in course of law have resulted in sending the lady thieves to abide release at her Majesty's pleasure in the criminal ward at Bethlem, or at the new State Asylum at Broadmoor when it is opened, an alternative to which a temporary seclusion at Cold Bath Fields might be infinitely preferable. We remember a distinguished judge once advising an injudicious counsel to withdraw the plea of insanity for an offence of no great magnitude, on the ground that it was helping his client out of the frying-pan into the fire. The counsel took the hint, and if we remember rightly, the accused man escaped both doctors and gaolers from want of sufficient evidence. May we not inquire who were the legal advisers of the shop-lifting ladies, whose offence has pointed so many jests, and suggested so much nonsense?

It must be admitted that writers on insanity, and even writers on the jurisprudence of insanity, have not been very successful in describing and defining the characteristics of thieving madness; for they have mixed up in a sad jumble descriptions of the thieving propensities of persons who are

undoubtedly insane, with those of the monomania of theft in which the propensity is the principal indication of an unsound mind, and again, with certain rare, but most curious and interesting cases, the nature of which they have not taken the pains to investigate, and which we believe to be neither allied to insanity nor to crime, but to be a kind of mental and physical *tic* quite unconnected with any idea of appropriating the property of others, which is the very essence of theft. We are inclined to believe that insane thieves are not quite so common as one would at first be led to suppose from the perusal of works of insanity, for although we find writer after writer asserting that thieving is one of the most common symptoms of mental disease, there is a most suspicious resemblance in the examples which they give to illustrate the doctrine. Dr. Daniel Tuke gives the most complete *résumé* of the instances on record, at p. 207 of the 'Manuel of Psychological Medicine;' many, however, of his instances, are taken from Marc, and Marc we find took most of his instances from Gall. We shall append to these observations a translation of Gall's cases, which will perhaps amuse some of those who are best acquainted with works of insanity, and know how to appreciate the amount of original information which they contain. Lavater's thieving physician, has certainly done duty everywhere. In this country he is generally thought to have been a Bristol practitioner, from the way in which he has been appropriated by an able writer from that city. Then there was that funny thief of Vienna, who only stole pots and pans; he is as ubiquitous as the doctor. It must indeed be admitted, that if kleptomania be a common form of insanity, we are sadly in want of new instances to illustrate its phenomena. Yet there ought not to be much difficulty in obtaining such instances, if we may accept what the 'Times' newspaper said a few years ago (April 1855,) when another lady thief was prosecuted for stealing cambric handkerchiefs in a draper's shop. A prosecution was instituted against her, which is said to have been a very bad thing for the man whose goods were stolen. "It would be a bad thing for the coo," said Stephenson, "if she got before the train," and the draper was no more

than a cow standing before the express train of good society which he affronted by prosecuting the lady thief. The 'Times,' on that occasion, delivered itself on the subject of kleptomania in the following terms: "It is an instance of that not very uncommon monomania, which leads persons, otherwise estimable and well conducted, to pilfer articles of a trifling value, in obedience to the impulses of a diseased imagination. The fact is notorious, that many persons of high rank and ample means have been affected with this strange disorder. *Every one who is acquainted with London society could at once furnish a dozen names of ladies who have been notorious for abstracting articles of trifling value from the shops where they habitually dealt.* Their *modus operandi* was so well known, that on their return from their drives, their relatives took care to ascertain the nature of their paltry peculations, inquired from the coachman the houses at which he had been ordered to stop, and, as a matter of course, reimbursed the tradesman to the full value of the pilfered goods. In other cases, a hint was given to the various shopkeepers at whose houses these monomaniacs made their purchases, and they were simply forewarned to notice what was taken away, and to furnish the bill, which was paid for as soon as furnished—and as a matter of course, by the pilferer herself, without any feeling of shame or emotion of any kind."

A very common form of insanity, indeed, this must be, if this be true, that any one in society could at once name a dozen lady kleptomaniacs; but whatever the truth may be as to the wide-spread prevalence of shop-lifting, we disbelieve the prevalence of the insane motive. If it be true that attempts at shop-lifting in London, by so-called ladies, are an affair of every-day occurrence, necessitating the constant employment of vigilance on the part of shop-keepers, to prevent loss which would in the long run and in the aggregate be serious, it accords little with our experience of the insane to hear the motive attributed to mental disease. At the first blush this may seem a most incredible state of affairs. If, for example, you take a model English lady, intellectual, refined, sensitive to the slightest touch of shame, truthful and true,

the centre of a home in which the dearest social affections are nurtured in that modest retirement from publicity and avoidance of parade which are the characteristics of the home of such a person; it seems, nay, it is impossible, that such an one could betray herself to public scorn by perpetration of one of the meanest of crimes. But there is another aspect to this matter. The struggle for existence in the middle, and even in the upper classes of our complex social system, combined with the prevailing fashion of an emulative and showy expenditure, make the sense of want felt keenly in many an English home, where no traces of vulgar poverty are discernible. The really poor steal because they want bread; the relatively poor are tempted to steal because they desire the possession of that which seems, to a mind trained in a bad school, as essential as bread itself. And how are they tempted? How are women, whose education has been one system of skillful parade, who have been trained to derive a vast proportion of their daily happiness from that most personal of the æsthetic arts, the cultivation of dress, how are they tempted to possess themselves of its material? Are they not stimulated to covet its possession by every ingenious device which the mind of man or of woman can devise, by streets of gorgeous shops, touted in every possible manner by the most pertinacious inducements, and almost persecutions to buy, buy, buy; so that it has at last become the custom of the town-bred English women of the present day to spend no inconsiderable portion of her time in passing from shop to emporium, from haberdashery store to magazin de mode, in the discharge of that new and peculiar duty of life called 'shopping.' Can we be surprised that when the means fail to gratify the desires thus stimulated and thus tempted, that in some few instances the desire of the eye should prove too strong for the moral sense? It is painful and humiliating if these things are so, but it is not wonderful that they should be so; and on the whole we can find more pity for the poor woman who purloins a piece of lace, without which she thinks she will be absolutely not fit to be seen, than for the smirking fellow who has caught her in his haberdashery trap by lying

advertisements that he sells for almost next to nothing the very articles she so covets in her desire to make her person agreeable and attractive. The fair thieves whom it would be more true than gallant to consider as an elder kind of children, if pity does not allow them to go scathless, when they steal the gewgaws in which their hearts delight, are punished with crushing and ruinous infamy, to escape from which the imputation of madness has sometimes been considered a welcome refuge.

But what is true kleptomania? Monomania du vol? Diebtrieb? Real stealing insanity? There is a good deal of scattered information on the subject, and yet much remains to be gathered before we understand it well. We appear yet to have scarcely got beyond that early stage in a scientific inquiry which gives us a large generalization. We have found that some people altogether or partially insane, are incorrigible thieves, and we have generalized the fact into the formation of a class of the insane, characterized by this tendency. But if we carefully examine the cases in the category thus formed, we find that they differ essentially from each other, and upon this analytic stage, which is the wider and more important part of the inquiry, psychological writers have scarcely entered. The material for examination is yet scanty, and in this absence of sufficient data these observations are made rather as suggestions of the method of inquiry, than as presenting anything like a satisfactory explanation. Theft is sometimes one of the earliest symptoms of mental disease, and if it were to be so decidedly the earliest symptom that no other indication of insanity existed, it would, of course, be extremely difficult to diagnose the character of the theft as of pathological nature. If it should happen to be the only symptom with which the physician is acquainted, he must necessarily suspend his judgment, for it is not by the perception of one attribute that one thing, even of the most simple character, can be recognized from another, and in matters of complicated science this is still less possible. A man may at night see an object which he remarks to have a round shape, but in the absence of sufficient light he cannot tell whether

it is a disk or a sphere, much less can he tell if it is an apple, or an orange, or a ball of iron ; and so the simple characteristic of theft must needs be illustrated by the qualities of the act, and by the conditions of the actor, before it can be referred to its category of crime, or of disease. One of the conditions we should look for in the act as one of disease, is a want of premeditation and design ; the kleptomaniac does not go to the shop or other place with the intention of committing a theft ; some other motive generally leads him or her into the presence of the temptation. In the good example given by Pritchard, a man of fortune at Scarborough saw a friend and his daughter in a shop, and joined them ; in a short time after, the mercer waited on the father of the lady, and regretted to state that the lady had taken a silk shawl from the counter ; the gentleman denied the charge, and brought the man to his friend's residence, in the hall of which he found the great coat his friend had worn in the morning, and in one of its pockets was the lost shawl, which was delivered to its owner with the remark,—it is one of my friend's peculiarities sometimes to take what does not belong to him—the gentleman died of general paralysis. In this instance we first observe the want of premeditation in the theft, as the poor gentleman was undoubtedly induced to enter the shop by the motive of joining his friends ; secondly, the apparent absence of any intention to appropriate the article stolen ; a man of fortune, he could readily have purchased the article had he really wanted it ; it was moreover an article, though this was an accident in the case, which was by no means likely to excite his cupidity ; he forgot the act as soon as it was done, leaving the shawl in his pocket ; and if at the time, the progress of the disease had left him in the possession of sufficient memory to have had the act recalled to him by the exhibition of the shawl discovered in his coat, he would probably have shown no symptoms of either shame, or regret, or of apprehension of the consequences. These are the notable qualities of this particular act ; but in addition to these, there would, no doubt, on investigation, have been found other signs of the diseased state of

mind of which it was the result. The thief's friend, in apologizing said, to steal was *one* of his peculiarities.

An instance in which the difficulties of diagnosis must have been greater, is recorded by another author. A clerk in a bank was accused of repeated acts of theft. Nearly all the missing money was found at his lodgings carefully concealed in the lining of some old clothes. When accused, he treated the matter with *nonchalance* of so peculiar a character, that suspicion of alienation was expressed by his employers and friends; this suspicion would appear to have been founded upon the manner in which so grave an accusation against him was received, upon his known habits of integrity, and upon the absence of motive, his habits of life being simple, and his means competent. These facts, combined with the important one, that the money when taken was not expended, but left in concealment in the lining of cast-off clothes, were quite sufficient to justify the humane view taken of the case. It was not, however, until after the lapse of two years, that the man was found to be decidedly hallucinated. It would seem probable that if the duty of deciding on the nature of this case had fallen to the lot of harsh or ignorant men, this poor fellow would have been consigned to an earlier grave, through the painful portals of a convict prison. "En effet," says M. Morel, on this very subject, "soit qu'il s'agisse du diagnostic d'une maladie mentale, soit qu'il faille apprécier la criminalité d'un acte, nous ne pouvons rester dans une indécision qui compromette le sort d'un aliéné ou les intérêts sacrés de la justice. La science est assez avancée aujourd'hui pour faire la part de ce qui, dans la généralité des cas, doit être attribué au crime ou à la folie." We entirely agree with this philosophic writer in the claim which he advances for psychological science to distinguish the thefts of the criminal from those of the lunatic *in the generality of cases*. Some cases, however, we think there are, in which the certain knowledge which will alone justify the expression of a positive judgment, can only be attained by waiting for, and watching the progress of events. General paralysis is un-

doubtedly the form of insanity whose incipient stage is most frequently marked by this tendency to commit theft. We are not prepared to say whether the tendency ever develops itself at a period antecedent to the earliest appearance of physical symptoms. Probably it does, but it is a point which deserves to be carefully observed and noted. We have known a general paralytic undergo a six months' imprisonment for a theft which he had committed, and to be discharged from prison without any suspicion having been excited of the existence of mental disorder. On inquiry, it will, we think, probably be found that in a certain number of cases the mental condition which leads to theft, does antedate any degree of muscular tremor, although it is most common for the state of mind in incipient paralysis which results in theft, to be accompanied by physical signs of disease, which a well-instructed alienist will not be liable to overlook or mistake. The mental condition of general paralytics which leads to theft is peculiar and characteristic. The patients do not seem so much to take the things they steal, because they desire to possess them, as because they believe they belong to them, and because they at the same have time lost the mental power of discriminating circumstances. If lunatics of this class do not steal, very often the first sign of disease which alarms the friends is a reckless expenditure, manifesting itself beyond their means and outside of their wants. They buy all manner of inconsistent and needless things, paying or running in debt for them, as the case may be. They do this, or they take the things without the formality of paying or promising to pay for them, from the same state of mental exaltation which leads them to believe that the things do or ought to belong to them; a state of exaltation, which will, on careful inquiry, always be found to be accompanied by the failing power of judgment which is the first step towards dementia and fatuity. "I was once able," says the author above quoted, "to establish the non-responsibility of a patient of this kind, who had stolen, in a church, the ornaments, and the most insignificant objects of ceremonial, and who presented no other system of disease than a marked state of congestion, great self-content

and a silly laugh; the patient had no delusion, there was only a great intellectual weakness, and the most complete indifference as to the fate which justice would award; only three or four months after his acquittal an attack of acute mania with delirium of grandeur, trembling of the tongue, and other symptoms of progressive paralysis justified my prognostic." Morel, '*Traité des maladies mentales*,' p. 410.

Simple progressive dementia is another form of disease, the early stages of which are apt to be marked by acts of theft, the patients seeming really to have lost the power to recognize the difference between *neum* and *tuum*, and to steal from stupidity. Hysterical mania, or rather mania in hysterical women, is another form of mental disease, which is often marked by propensity to theft even from its earliest stages, and when other and more decided symptoms of insanity are absent such a case may present one of the most difficult problems which it is possible to propose to the medical jurist. Fortunately merely hysterical people are not very liable to commit crime. With all their gusty passion they are cowardly and circumspect; but some modification of responsibility would be fairly permitted to the loss of control arising from hysteria, although it would not be a less difficult problem than that arising from hypochondriasis. Both of these diseases are near neighbors to insanity, and both of them are liable to run into it. Whether, however, we should call a certain state of mind hysteria or insanity, would not be the real medico-legal question, but whether a certain act was the uncontrollable result of disease or not. The thieving propensities of hysterical maniacs may illustrate and find illustration from the remarkable fact that women during pregnancy are sometimes afflicted with a desire to steal. Gall says, that he knew four such instances in women who had no such propensity at other times. Perhaps it is difficult for a man to bring the faults of woman in her most womanly state to the test of cold unsympathising reason, and on this account, the caprices of pregnant women are not unlikely to be judged with mitigated severity. Casper, however, the eminent jurist-physician of Berlin, in his work on legal medicine records the details of a case in which he did

not permit himself to be misled by this view of the responsibilities of the weaker sex. We refer to his 204th case, "Theft committed from the pretended caprice of a pregnant woman." Madame de X— had committed thefts in three goldsmith's shops during the last three months of her pregnancy. The day after her acouchment she was summoned to appear before the "procureur royal," to the astonishment of her husband, who informed the judge that "she avowed to me, as if awaking out of a dream, that she had had during her pregnancy an irresistible desire to possess shining objects, especially those of new silver. She had in this manner taken objects from the shops in a state of complete dementia. Another time, she assured me she knew nothing about the matter; and another time, she said, that she had left home with the intention of restoring the articles, but on her way the conviction had come upon her that they were her own property." Madame de X— was said in the depositions to have always been ridiculously vain and coquettish; although, on the other hand her husband said she was gentle, quiet and religious. Much evidence was given to the effect that from the commencement of her pregnancy a change had taken place in her state of mind; she had become absent and careless, and she had manifested the singular desire to possess shining objects; she used to polish copper objects in her house, and play with new money, and she had taken a mother-of-pearl knife and whist-markers from the house of one of her relatives, who observed at the time that she was not right in her head. Medical opinions as to her state of mind being contradictory, the case was referred to Casper. He remarked, that although she was said to have besought her husband not to take her to the houses of her friends where there were shining objects, she chose to go herself, and without any necessity, to the shops of the goldsmiths, where she knew that such objects abounded; and, at these shops, instead of simply taking shining objects, she paid away silver, and then said she wanted nothing; and she broke up the objects which she stole in order to render them unrecognizable. She had each time changed the goldsmith's shop where she went to thieve, and had concealed her conduct

from her husband ; and in the interrogations she had made many contradictory and false statements. Casper concluded that the diseased propensity of Madam de X— was not irresistible, that she had not been compelled to commit the three thefts in spite of herself, and that they were criminal actions for which she was responsible. Madame de X— was found guilty. She was separated from her husband, and many years after, and when she was not pregnant, she stole drapery goods from a shop.

In England, or at least in London, Madame de X— would, undoubtedly, have been acquitted, or more probably, she would not have been arraigned. It appears to be a generally accepted medical opinion that pregnant women are subject to *quasi* diseased states of mind, which are apt to lead them to commit thefts and other criminal acts ; but it would not be easy to produce reliable data for this opinion. The exculpatory evidence of a husband in such a case ought to be received with grave suspicion ; indeed, there are plenty of English jurymen who would willingly conclude that a husband's evidence tending to incriminate a pregnant wife was not worthy to be believed.

The opinion of alienist physicians in these dubious cases is worth—well, we will not say what we think it worth. It is at least sometimes heavily paid for. But are we able to produce any definite and reliable information on these cases, the result of unbiassed observation, which is worthy to be accepted by judges of the land as real and true knowledge ? Is not our opinion rather the result of most vague and general impression, founded upon no data which we can produce ?

If we attempt to form something like a classification of insane theft, it will be found convenient, and, on the whole, consistent with fact, to distinguish between—1st, theft arising from perverted intelligence, *i. e.* delusion ; 2nd, theft arising from defective intelligence *i. e.* from idiocy, imbecility, and dementia ; and, 3rd, theft arising from perverted emotion, as, for example, the caprice of pregnant women, and those cases of supposed irresistible propensity which have been assumed to deserve refuge within the sanctuary limits of mental disease.

About the nature of theft committed under the instigation of insane delusion there can be no doubt. If the law held a man guilty of crime for taking possession of property which he believed to be his own, that belief being the result of insanity, the law itself would be mad.

The nature of thefts of the second category is not always so intelligible. Abstractedly, the nature of a theft committed by a perfect idiot, and by a person of merely weak intelligence, is the same. The theft is committed from want of a due appreciation of the character and consequences of the act. Coleridge said that all rogues were fools with a circum-bendibus. The question in this case will be the amount of folly. If it is so great as to prevent the thief from recognizing the nature and consequences of the act, he must be held innocent of crime; but in this class of cases the question of intelligence, and of consequent responsibility, is of one degree. There must ever be a border-land between sense and folly, in which it will be most difficult to arrive at a right and just judgment.

In the category of insane theft from perverted emotion, our knowledge is all at sea. Whatever we may think of the irresistible nature of thefts by pregnant women, those committed by men and women who are in no exceptional condition of body, and who manifest no other symptoms of insanity than that they steal because they cannot help it, may well be questioned with judicial and scientific severity.

As we have said a large proportion of the cases of kleptomania, or, as Mathey first called it, klopetomania, which are found in works on insanity, have been copied from one another, the original source being Gall's great work '*Sur les Fonctions du Cerveau.*' Gall, indeed, set the first example of quotation, for he has himself quoted the whole passage in his fourth volume. These are his words, as they first occur at p. 412 of his first volume :

"Exaggerated propensity to Theft : destruction of the moral liberty.

"Victor Amadis the first, King of Sardinia, on all occasions appropriated trifling articles. Saurin, pastor of Geneva,

although imbued with the highest powers of reason and of religion, continually succumbed to the desire of thieving. Another individual, was from his earliest years, a prey to this inclination ; he entered the army, for the purpose and with the hope of being restrained by the severity of its discipline, but continuing to thief, he was upon the point of being condemned to be hanged. Always striving to overcome his desire, he studied theology and became a Capuchin. His propensity followed him into the cloister ; but as the things he stole were only trifles, he indulged it without disquietude. He took scissors, chandeliers, snuffers, cups and goblets, and carried them into his cell. A government *employé* at Vienna had the singular mania of stealing only household utensils. He hired two rooms wherein to deposit them ; he never sold them, nor made any use of them. The wife of the well-known physician Gaubius had so strong an inclination for thieving, that when she made purchases, she always attempted to take something away. The Countesses M—, of Wesel, and J—, of Frankfort, had the same penchant. Madame de N—, had been educated with especial care. Her powers of mind and talents ensured to her a distinguished place in society. But neither her education, nor her rank, exempted her from the irresistible desire to thief. Lavater mentions a medical man who never left the room of his patient without taking something away, and thought no more about it. At night his wife searched his pockets ; she found in them keys, scissors, thimbles, knives, spoons, buckles, and needle-cases, and returned them to the proprietors. Moritz, in his '*Traité expérimental sur l'âme*,' relates, with all its details, the history of a thief who had so strong a propensity for theft, that being nigh unto death he stole the snuff-box of his confessor. Dr. Bernard, physician to his Majesty, the King of Bavaria, tells us of an Alsatian of his acquaintance who committed thefts everywhere and at all times, although he had abundance and was not avaricious. He was educated with care, and his vicious propensity had many times brought its punishment. His father enlisted him as a soldier ; this means of correction was of no avail. He stole to a great extent and was con-

demned to be hanged. The son of a celebrated *savant* offers another memorable example. He was distinguished from his fellow-students by his talents; but from his tenderest years he stole from his parents, his sister, his servants, his comrades and his professors. He abstracted the most valuable books from his father's library. All means were tried for the correction of his fault; he became a soldier, he oft-times submitted to rigorous chastisement, but all was unavailing. The conduct of this unhappy young man was in other points exemplary; he did not justify his thefts; but if he was remonstrated with on this subject whether in a friendly tone or in a more demonstrative manner, he appeared indifferent, and as one who did not regard what was said.

"The almoner of a regiment of Prussian cuirassiers, a man educated and otherwise endowed with moral qualities, had so decided a propensity to steal, that often on parade he took away the handkerchiefs of the officers. His general greatly esteemed him, but as soon as he appeared, every article was put away with the greatest care, for he had often carried away handkerchiefs, shirts, and even women's stockings. Afterwards, when asked for the articles he had taken, he returned them in good faith. M. Kneisler, director of the prison at Prague, tells us of the wife of a rich merchant who constantly thieved from her husband in the most dexterous manner. They were obliged to confine her in Bridewell. Scarcely was she free when she again thieved, and was confined a second time. Set at liberty, new thefts condemned her to a third detention of greater length than the preceding ones. She even thieved while in the prison. She had contrived with much cleverness an opening in the stove which heated the room which contained the money-chest of the establishment. The repeated thefts she committed on it were observed; for her detection bells were hung upon the doors and windows, but to no avail, but she was effectually scared by pistols which went off instantly when the money-chest was touched, so as to give her no time to retreat by the aperture in the stove. We have seen in the prison of Copenhagen an incorrigible thief, who sometimes distributed his

pilferings among the poor. In another place, a thief who was in confinement for the seventh time, assured us, with sorrow, that it seemed impossible for him to do otherwise than thieve. He demanded peremptorily to be kept in prison, and that the authorities should supply him with the means of getting his living.

"It would be easy to cite thousands of like facts, which also serve as proof that the desire of thieving is not always the result of bad education, of laziness, or of poverty, or the absence of good qualities, or even of morality or religion; and this is proved from the fact that petty larcenies are overlooked by the world when they are committed by the rich and polished members of society. Absence of mind is the name given to such thefts. But is not the same craving found in the poor man? Does it then change its nature? Is it changed by the value of the things stolen? The result is the same, and much prudence and experience is needed to decide with exactitude the different degrees of culpability."

But for what purpose has this great mental physiologist adduced these examples of apparently motiveless theft? Not, certainly, as examples of mental disease, since he states his opinion with his customary precision, that these exaggerated propensities are not "true mental alienation, but rather a partial exaltation, a subjection of the soul, offering an incomprehensible contrast between man and the animal which he bears within him. For the flesh lusteth against the spirit and the spirit against the flesh; and these are contrary the one to the other: so that ye cannot do the things that ye would." This he observes on the general subject of exaggerated propensity, but that of theft in particular he appears to have no difficulty in referring to the innate qualities of man's nature. "It is inherent in our nature," he says. "There are very few persons who, with the hand on the heart, can say that they have never committed a theft, especially if they go back to their infancy. In the majority of men it is needful to combat, without ceasing, this propensity to theft, by powerful motives, by penal laws, by religion," &c. Between

the propensity as it exists in one man and in another, he observes that "the only difference is one of degree: in one man the propensity is moderated by a happy organization; in another by the influence of education, by the control of habit, or the fear of punishment; but in a third, *the vicious propensity is occasioned by an organ so energetic* that the same motives which have made honest men of others have no influence upon him." Moreover, Gall approves of the legal institutions by which men punish and endeavor to correct this propensity (p. 213, vol. iv;) and altogether it would seem that one of the most illogical things which psychological writers have dared to do, has been to cite the examples which Gall has collected to illustrate theft as arising from the preponderating action of an organ in a healthy brain as examples of theft occasioned by mental disease.

With regard to the motiveless nature of some thefts and the singularly incorrigible character of some thieves, Casper makes some remarks which appear both new and true: "The rare cases which Marc refers to, in which the thief throws away the object stolen, or spontaneously proposes to pay for it, admit of physiological explanation. We do not mean by that very common state of perversity and malignity which may be the cause of some thefts of this kind; what we mean is, that so much tact, address, and courage, are often needful to commit a theft without being discovered, that it is so needful to watch and to seize the right moment, to plan with care and to execute with promptitude, that one can comprehend the great pleasure which is experienced in overcoming such difficulties, and how much so perilous an enterprise, crowned with success, is flattering to the self-approbation of the thief. I am convinced, also, that in some individuals a real attraction is felt in this chase after the property of another. I say chase, for I can compare it to nothing better than the passionate desire to follow a hare or a fox at the hazard of life, or to watch for the prey like fishermen in England, who remain whole days on the water, patiently watching the least movement of their game. I am thoroughly convinced that this emotion is of much force in holding thieves to their mode

of life, and it is in this manner only that we can explain how it is that some of them, after a long imprisonment, immediately recommence to steal, although they well know that a second punishment, more severe than the first, awaits them."

Theft, indeed, while it is by far the most common of crimes, will present, to those who seek for it, a philosophy as interesting as it is important. Let us study it with unprejudiced minds, and not stultify ourselves by wrong-headedly adhering to a narrow professional point of view. The doctors are as willing as *Æsop's* currier to cry out that there is nothing like leather, and the lawyer's are just as bad. But neither is all crime insanity nor is all insanity crime. Let us strive therefore, to distinguish them with all exactness, even though the effort may make our existing ignorance inconveniently apparent; and for the question of kleptomania let us at least decide so far as at once to decline to make science the handmaiden of crime, by firmly insisting upon other evidence of the existence of mental disease than that afforded by the crime itself.

ON RECENT PSYCHOLOGICAL LITERATURE. BY
J. PARIGOT, M. D., HASTINGS-UPON-HUDSON, N. Y. [SECOND
ARTICLE.]

AFTER some remarks on the different philosophical schools which in our day divide psychopathists, we have, in the preceding article, tried to establish that the human mind is formed of several elements, and presents the *union* of the spiritual, vital, and material principles as the sublime design of Divine Providence in the universe. Our principal object was to prove that, actually, there is no reason to follow recent writers who declare that the first condition of progress in mental medicine is, to separate principles and practice from what is called the metaphysical part of psychology; one of the reasons for not following that counsel appears to be the impossibility to separate and analyze animal plasticity from its dynamics, which give life and intelligence. It is the very object of psychiatry to consider these facts united by the mysterious

links that hold them together, else, man rational or insane, vanishes, and either a corpse remains or a being deprived of reason; nay, this correlation of moral and physical forces must not only be studied in the mind of man, but also in humanity, as being the basis of social science. On that account, the best recent authors on psychiatry have considered the mutual action and reciprocal influence of material and spiritual principles, as the most important part of psychiatry. We believe that an accurate study of these is also the best ground on which to establish a rational method of treating insanity. Is it, besides, possible to deny the correlation and influence of these forces? *Homo duplex* is an axiom. Body and soul, moral and animal life, are easily distinguished; sometimes both principles concur for the same moral object or for a bodily satisfaction, but sometimes, also, they carry on a deadly strife between them. In this contest, one of them must yield or perish. Noble passions, considered as the highest degree of mental activity, may cause the death and loss of pure and honorable men, whilst vices or exaggerated animal passions often extinguish the light of reason. Besides, do we not feel the power of our will over the body, also the pure aspirations of love and charity repulsing and overwhelming selfish interest, and at last, the voice of conscience that sanctions the sacrifice of life for holy, virtuous or patriotic purposes? In the practice of medicine we might mention all those conditions of body and mind acting so strongly on patients, viz: Faith, belief, superstition, hope, confidence, distrust, courage, comfort, temperaments, dyscrasies, &c., &c., which possess the power to effect material changes in the economy without any interference in their action. Lately Doctor Philips, of Paris, presented to the French Medico-Psychological Society, a very interesting paper on the agents which affect the vital principle. The writer puts to himself several questions on *the source, modus operandi*, and *elective action* of specific agents on determined parts of the body, and finds that it is the nervous system that associates vital faculties of certain parts with the specific action of determined substances; now, psychopathists try also to find the moral and physical

agents that are in correlation with the vital and psychical functions of the mind. It is also through the nervous influence that such actions take place, but unfortunately physiology, (not speaking of the localization of mental faculties,) is not yet able to give us reliable information on the special nervous organs to which each function is deputed; for instance, we know the functions of the sensitive and voluntary nerves of the cerebro-spinal system and the reflected action of other nerves which reveal neither volition nor sensation in order to act, but we possess very little information about the functions of the plexuses, nerves and ganglia of the sympathetic system in spite of its connection with the mental functions.

Before going further, we must insist on one point generally neglected by psychological writers, and apparently of little importance: a proper definition of what is to be understood by mind. We conceive that the mind is only the *the bodily manifestation of the soul*; if such definition could be admitted, it would put an end to many difficulties and useless discussions. In that supposition the *mind* participates of all the material conditions and vital sympathies of the body; and though the soul is a free and immaterial essence, the mind, its manifestation, may be afflicted by error, perversion and material disease, because the soul is subject to error and vice, which is a moral disease having the power of troubling the functions of the brain, and because, also, the disease of our mortal frame may in return affect the manifestation of the soul and pervert it. This simple explanation does away with the exclusive theories of spiritualism and somatism. It is, we confess, perhaps as inconceivable as any theory of the union of soul and body; neither is the *modus operandi* in its molecular alterations to be explained when we say that thought, feeling, passion or will, destroys the normal functions of the brain; but at all events the results are patent as being in the human economy based on peculiar impulses received by the specific agents of the nervous system. It is thus that we understand how education of the mind, instruction in sciences and arts, even our manual dexterity are all proofs of spiritual agency on organism. In opposition to this result, idiots may be produced by the exclu-

sive development of the gastric system ; (these facts we have witnessed in weak-minded persons bringing up children ;) in one case, the proper nutrition of the brain and development of the mind took place under judicious care, in the other an arrest of nutrition of the brain was produced under a predominant direction of vitality towards instinctive appetites ; every day we may remark mental energy slackened or absorbed by criminal propensities.

Whatever be the philosophical principles adopted by any psychologist, the influence of objects on our senses and mind cannot be denied ; in fact the external world leaves impressions on the mind, and whatever be the power of the subject on their appreciation, the idea or knowledge is certainly the product of action and reaction of matter and spirit.

One of the most curious influences of the external world to be mentioned as acting powerfully on man, is the contemplation of nature ; let the man be sane or insane, it will have its effects on him, though in the latter case the *internal world*, created by a morbid imagination, has made that unfortunate almost insensible to any mental distraction. Humboldt says that not only learned people are sensitive of an infinite feeling that overwhelms the soul under the impression of great sights, as, for instance, are those of immense and boundless plains, forest, campos, heath, deserts or seas, but even the untaught, the rude laborer, &c., are submitted to these powerful impressions. Now this observation of the greatest philosopher of our times is also the base of a *therapeutical truth*, displaying itself since centuries in an ignored spot of also an immense and boundless heath of Belgium. That spot, actually, from the virtue of that therapeutical truth (still a dead letter for many,) is the celebrated GHEEL, the first locality where that continued action of the external world, like a drop of water that perforates granite, produces moral and physical changes in insanity. It is there, also, where the *free-air* treatment, and consequently the *family life* of insane persons was naturally instituted. We shall have many occasions in following papers to detail that treatment in its application to the several forms of recent and chronic

insanity; now we will record the words of the illustrious Prussian philosopher.

Humboldt says, in his celebrated work *Cosmos*, that entire series of phenomena, under the influence of hidden and totally unknown principles, remain still *to be discovered*. Amongst these are the impression that the soul receives from the external world reflected undoubtedly from the bosom of nature's incommensurable depths, by which changes are effected in our thoughts and feelings. As a therapeutical agent on the mind, he mentions FREE AIR, in the following beautiful words: "The simple contact of man with nature, that influence of the unlimited space (or, as other languages say by a more beautiful and appropriate expression, of *free air*,) gives birth, develops a *calming power*; by it, pain is diminished and passions calmed when the soul has been agitated even in its deepest recesses. These benefits man receives in any part of the world he inhabits, and whatever may be the degree of intelligence it has been his lot to obtain." We believe that this mysterious influence on man is but the reflection of one ray of the greatness, order, harmony and power of God. Man never loses completely the moral sense of his relation with the creation and the Creator; the mental faculties may be altered or partly obscured, still the soul feels her greatest relation, the *aperception of God*. We could not explain in another manner the wonderful effect of furious maniacs calmed by their free wandering in solitudes, boundless plains, where we may say they are enveloped by nature, and forced to contemplation and submission. In spite of the German philosophy which may be said to be entirely *idealistic*, that is, depending on the essence of the subject and considering only the external objects as sorts of beings reflected from the subject; still Hegel said that external phenomena may be, so to say, transferred in our mental faculties; then the objective world conceived by the mind, is reflected on it and acquires thus a considerable influence. This leads us to consider the curious phenomena of ecstasy and its consequences on the organism; here animal functions are perverted by strong voluntary images impressed on the mind, and the

accumulation of their effect produces material changes in determined parts of the body. Certainly there is nothing that shows better the reaction of the mind on the body.

In the *Annales Medico-Psychologiques*, of Paris, published in 1855, may be found an article written by M. Alfred Maury, on mystical extatics and stigmatics, (*les mystiques extatiques*,) *et les stigmatises*. Now the desire, or rather the religious passion of the mystic, is well known to be the reunion of the human soul with the spirit of God, our Creator; in other words, to grapple with the Infinite, and they think to have succeeded when they are enabled to throw themselves in a sort of hallucinated state of the mind, in which they see what they imagine, believe, or hope for. Ecstasy obtained artificially is, it appears, the result of various practices; some protestant sects and the catholics resort often to them. In order, however, to produce these curious mental conditions, it is required either to possess nervous debility, to be hysteric, or that the body should be brought to a favorable anemic condition; next come long, fervent and repeated prayers during night and day, fastings, mortifications, despondency and profound meditations; this being done, it is recommended to meditate and to concentrate all faculties on one idea, for instance, the actual possibility of a revelation, the appearance of Christ, the gift of supernatural powers, &c., &c.

We have here to remark how much our moral nature shows its relative dependence to its material frame. All practical psychopathists have seen in their asylums numbers of maniacs and melancholics whose disease was to be ascribed to an exaggeration of the most natural, just and praiseworthy feeling—the religious sentiment that every man feels in his conscience. In the world we may mark and discern those tender and weak consciences ready almost to suffer from insanity, if the slightest trouble, or excitation, or scruple is provoked by violent preaching, unmerited reproaches, minuteness of duties, strong images of hell, and the necessity of knowing one's capacity for ardent prayers, sobbings, exclamations, &c., is quite necessary; for, some people want to be moved by strong evidence, reprehensions, and images; others can not bear any

moral violence without compromising their mental health. Let us be permitted to say that the service of God must be attended with purity and simplicity of devotion, not with exaggeration of any kind; in this way there is a great difference between the humble and simple prayer (the real relation of the soul to its Maker,) and that of fanatics who, most of them, forget that *activity* is the aim of our existence and not a mere contemplative and useless existence.

For our medico-psychological studies it is quite sufficient to know, that a direct excitation of the spiritual part of the mind endangers the whole of it and leads again to the already mentioned deadly strife of the true principles. But that excitation has different stages and produces different effects; there is a sort of gradation between the normal religious feeling and its morbid perversion. Whenever an exaggerated principle, notion or practice is proposed to weak minded, or to untaught and ignorant persons, the influence of those who first started the notion, although great, is often insufficient to the proposed effect; it is but by a process of self-exaltation and delusion that it is obtained. In some cases a continual repetition of certain mental impressions is necessary, and conviction arrives only when the mind has been sufficiently worked up by ascetic processes or urgent prayers. The spiritual error has then taken possession of the soul, and the mind is afflicted by delusions. Many in that state believe themselves illuminated by the spirit of God, that are only laboring under the incipient symptoms of insanity. One might follow the process of fanaticism first by the admission of some religious error, the conviction it produces afterwards, and at last the power it acquires on other balancing faculties or feelings. It is in fact a disease of the brain, produced voluntarily by the subject himself, who has turned his attention to a morbid state concerning some religious point; he has so long brooded over it, that his mental power is entirely incapable of repulsing delusions and hallucinations.

Speaking of heightened and concentrated attention, Dr.

Forbes Winslow says in one of his late works,* "The attention is occasionally heightened, or in a condition of unhealthy exaltation, as well as of concentration. This is observed when the mind has been continuously, abnormally, and *sometimes* unvoluntarily directed to certain vivid impressions, trains of thought, classes of ideas, *conditions of emotions*, or states of physical sensations." A little further he continues, "The mind often dwells uninterruptedly upon particular emotions, fixedly upon certain states of thought, continuously upon specific classes of ideas, to the rigid exclusion of matters of healthy consciousness, and sane contemplation, *until it loses all right, or sound appreciation of subjective and objective phenomena.*"

Nothing can be better adapted to our opinion than the words of one of the best writers on psychiatry. A celebrated French writer, Dr. Brierre de Boismont, has published several editions of a very interesting book on Hallucinations. He says that ecstasy is but an over excitement of the nervous system, owing its appearance to fanaticism. But he draws a great line between the *physiological* and the *morbid* hallucination. According to his opinion hallucinated saints and reformers were not insane; if they believed in the reality of their visions it was because their meditations had provoked or excited that state of their mind, and because these visions were in conformity with the spirit and creed of their times. Physiological ecstasy should be, in this case, the highest pitch of enthusiasm—a *supernatural vision*. Dr. Brierre maintains also, that some hallucinated persons are able to reject their visions as spurious, and therefore can not be considered as insane. It may appear difficult to distinguish medically a *physiological* hallucination from a *morbid* one—the only difference to be observed between them depends entirely upon other symptoms which might show the real state of mind.

We have not the least intention to attempt resolving theological questions for which we feel ourselves without any scientific authority; we leave therefore to individual judgment the reality of actual miracles. But wishing only to

* On Obscure Diseases of the Brain.

ascertain what is the power of the idea on the body, we will consider the physiological conditions of ecstasy and stigmata, as we find them described in M. A. Maury's paper.

M. Maury, actually a member of the highest scientific body of France, the Institute, gives the most curious and instructive relation of a great number of mystics, beginning with the case of St. Francis, of Assiz, a monk celebrated for his sanctity, who believed himself to have been ordered by God to imitate the divine passion. After a long ecstasy, he is said to have experienced a great trouble in his bodily constitution, and painful sensations in his hands and feet, followed by congestions and ulcerations resembling the stigmata of the Cross. A friar of his order wrote a book on this miracle, the dedication of which was the following: *Deo homini et Beato Francisco, Utrique crucifixo*. As it happens at certain epochs, when delusions prevail, St. Francis had many imitators; numbers of monks and nuns declaring themselves marked by stigmata. It appears even, that the Dominican friars, jealous of the influence of the Franciscans, were soon enabled to bring before the public a nun belonging to their order, St. Catharine, who was favored by all the marks of crucifixion and even of those made by the spiky crown, which St. Francis had not. Until this day, we still hear of numerous recent miracles in catholic countries, very likely performed before hallucinated persons situated in a peculiar predicament.

All these difficult and intriguing questions about ecstasy, stigmata and recent miracles might be summed up in a few words. For those persons who are able to read and understand, or, if we may say so, to grasp *the spirit* of the holy scriptures, nothing prevents them to differentiate real miracles of the first period of christianity from recent religious hallucinations, however pure they may be of any hypocrisy or malice; neither can real miracles be confounded, as some have imagined, with the delusions of mesmerism, rapping spirits, &c. The number of errors of mind and of senses to which man is subject from his infancy to his last day is innumerable; books and journals on psychiatry are filled with the most extraordinary and incredible accounts of visions,

foretellings, and second-sights. What does it prove? that the spiritual part of our mind is in a state of over excitation in some cases, that our mind may be strongly affected by ideas, emotions, prejudices, customs, and may be even contaminated by general causes of error. All these conditions, in which the public mind may find itself, form a sort of moral atmosphere special to an epoch, and create peculiar social influences acting on each individuality. Now, such moral atmosphere must act very strongly on the material part of mind and body; hence, a disposition to many errors—for instance, to believe in strange facts and *to see them*. Dreams, reveries, fancies, images and hallucinations are in such case exceedingly common; and all that may be, certainly, considered as incipient forms of delusions, leading to insanity, if reason and self-control do not oppose them. But there are, as we have said already, many grades of mental error and consequently a proportionate degree of material change attached to them. The great qualities, virtues, heroic deeds and sublime writings of persons who have suffered from hallucinations under the moral influence of the times they lived in, were still consistent with the power of control; else they would have been acknowledged for insane or taken for sorcerers, and then positive signs of insanity should have appeared and decided the case.

For us the stigmata are, in common with many other curious influences of natural inheritance and signs developed during pregnancy, the result of a mysterious action on the organism by a constant act and energy of volition and imagination. In these cases the soul concentrates itself in the will, the whole organism is out of order, and partial congestions may take place in that morbid state of vitality.

As for miracles, we leave the question to persons better qualified to solve their mystery; but, at all events, we may ask whether they are well observed facts, since the following formula has been adopted by the divines of the most absolute church of Christianity—*a naturâ multa, plura ficta, a demone nulla*.

The necessary consequences of such influence of the spiritual

component of the mind over the vital and material part of the organism is that the great advantages and efficiency of the moral treatment are patent. We do not believe that such method consists only in *opposing* the pre-occupation of delusions by ideas generated during useful occupations or recreations—the moral treatment of man, when sane, is education; when insane it consists in a special education for the case and reformation obtained by the will of the patient himself.

Let us remark that under the name of *moral treatment of insanity* is understood by the generality of physicians everything that is not properly pharmaceutical or material; but considering the effect of some medicines on the ideas of insane, might they not be considered as moral agents? Thus, all external circumstances of treatment are recorded as moral, for instance, travels, free air, restraint, the use of instruments, are conceived to be moral means in relation to their effect on the mind. Such a view of moral treatment brings a great deal of confusion. If medical men admit only matter as existing and consider forces as incidental properties, it is clear they will give a preponderance to material means, its moral effects are for them subordinate and uncertain. If physicians are pure idealists, admitting only the spirit as something real in nature and consider matter as an objective representation of mental intuition, then every means however material and cruel is but secondary in importance; the aim being moral, everything appears good to obtain it.

In how far chronic alterations of the body or its disorganizations can be relieved by pure moral means, is a question practice has long answered. In our opinion, moral treatment is most active and effectual when the patient, having been brought to a certain state of physical restoration of health, is enabled to react himself, voluntarily, against his fixed ideas, delusions, or perversion of will. We believe, for instance, that the so-called *free-air* treatment is but a favorable and necessary circumstance for a therapeutical plan of curing an insane person, and think that the family life creates the atmosphere in which a proper moral treatment can be employ-

ed. The reason of this is simple; the moral atmosphere of a family, in which one insane is admitted, is sane, and as strong at least, as four is to one. Thus its influence works quietly and constantly on the patient, who at last is enabled to observe for and control himself.

The physiological principle upon which a system of mental therapeutics is possible, is that sanity depends on the normal functions accomplished by the brain. Now the interruption of those functions being the result of the want of proper nutrition, healthy stimulation and repose of that organ, it is first required to restore these conditions, in order to set in operation its healthy dynamics.

From the remotest antiquity moral and physical means were conjointly employed to cure insanity. This was naturally the first idea where such disease developed itself, and people tried to cure it.

The Egyptian Priests, (as in our days the intelligent peasant and kind special nurse of Gheel, Belgium,) set their patients at liberty to operate on their body and mind. It appears that these priests occupied an island on which everything was prepared to satisfy bodily wants and gratify the mind. They bathed the new comer, crowned him with flowers, and conducted him to the temple, singing hymns. The religious ceremonies were grand and touching; in fact it was for those times the best hygienic and moral treatment that could be thought of. Therefore there is no wonder that many cures should have been effected, even in the absence of proper medical care. It is reported also, that Esculapius submitted insane patients, to a sort of new education. They were obliged, at least, to hear if they could not learn poems by heart, to assist at plays, and to exercise the body by hunting and gymnastics.

The general idea of Hippocrates about insanity is, that it is to be attributed to the predominance of *atra bilis*, therefore, he recommends the use of hellebore, as the best substance able to remove it. From all his other remarks and true considerations, we may conclude that he is really the first man who directed the employment of pharmaceutical means in

insanity; still the mode of treating lunatics and the ceremonies probably employed whilst this drug was given, may lead us to infer that Hippocrates appreciated the influence of the mind on the body. Celsus is the first physician, it appears, who employed violent means to cure delusions. He recommended hunger, beating and mechanical restraint. Coelius employed the hygienic treatment partly, and sometimes violence. From the time of Galen, the last spiritualist of antiquity, the so-called chemical school closed the era of moral treatment. From that time, as we said in the first part of this paper, it was only a century and a half ago that insanity was again considered under its two-fold principles. Stahl restored the study of man on its real psychological basis.

In our times moral treatment has been a little out of favor, on account of the theory of the celebrated Leuret, who went so far as to employ the douche and cold effusions to remedy the wrong notions of the demented. On other occasions, however, Leuret employed also, persuasion and promises of reward to encourage self-control; besides, he declares in his *treatise on moral treatment*, that his method is not to be applied to those cases in which nervous symptoms are best treated by medicines. Moral treatment, says he, is subordinated to the material state of the patient, and therefore inapplicable to demented paralytics, monomaniacs, or maniacs.

For us, we think that it is first necessary to combat the material disorders accompanying insanity, to diminish or displace sympathetic affections of the brain or those directly attacking its substance before attempting to act on the psychological functions. But we understand very well the objections made to a moral treatment which consisted in *ducking* the patients till almost suffocated, or in *beating in* some good reasons, or employing the *douche*, one of the most cruel and dangerous practices employed anciently.

Supposing now that all the conditions of a good hygienic and therapeutical treatment have been employed, the question remains to be solved, how moral treatment without violence could be employed with a patient who, by natural or morbid disposition, should be hostile to his physicians, or the

persons that surround him. Here again we have to mention the very curious example and daily practice of the Gheel population. We have hundreds of times seen, and can testify as the first Superintendent of that colony of lunatics, that we observed the peasants never attempted to oppose by reason or objections, the morbid mental symptoms of our patients; they only appeared to care to develop, first, the kind feelings of their inmate, then to encourage his setting to work with them. During that process they tried to foster, to elicit reason in the intelligence of what they call *their dear friends, the insane*.

SHAKSPEARE'S DELINEATIONS OF MENTAL IMBECILITY AS EXHIBITED IN HIS FOOLS AND CLOWNS. By A. O. KELLOGG, M. D., Assistant Physician, State Asylum, Utica, N. Y.

CALIBAN.—This is a character of the poet which we have always been taught to regard as out of the range or circle of ordinary humanity, something *infra-human*, a being as much below the common standard of humanity as Ariel and some others are above it; an opinion based upon the same ground as that which in times passed, placed the insane among the possessed of devils, and altogether out of the pale of ordinary humanity, and consequently belonging to a class of beings not to be governed by humane laws, but whom, in the language of Prospero, "stripes may move, not kindness." *Gorillas*, perhaps, not *gifted* with language, but *taught* to speak like some of the inferior creatures, and whose exact position in the scale of being naturalists have not yet fully determined—he says to Prospero

"You taught me language; and my profit on't
Is, I know how to curse."

By the poet he is designated as a "savage and deformed slave." His physical deformities, as is ever the case, render him an object of loathing and disgust to the unthinking and unfeeling, while his ignorance and mental imbecility make

him the sport of all superior intelligences, and the tortured slave of their cruelty and inhumanity. Like most degraded and ignorant imbeciles, he is vindictive and revengeful. He never forgets the wrongs inflicted upon him by his torturing enemies, yet for those who treat him kindly and considerately, he manifests, like the lower creatures, a genuine affection, and is ever ready to serve and requite them by every means his instinctive ingenuity can suggest. While Prospero treated him kindly, he could appreciate it and love him in return.

Caliban. When thou com'st here first
Thou strok'dst me and made much of me; wouldst give me
Water with berries in't, and teach me how
To name the bigger light, and how the less,
That burn by day and night, *and then I lov'd thee,*
And showed thee all the qualities of the isle,
The fresh springs, brine-pits, barren places and fertile.

But upon Prospero, the tyrant, who, not without some shadow of excuse from the brutal conduct of the creature, has made him a beast of burden, and whom Caliban supposes, in his ignorance and weakness, capable of tormenting him by his black and mysterious art, he vents fearfully his deepest curses.

Caliban. As wicked dew as e'er my mother brushed
With raven feather from unwholesome fen
Drop on you both! a south west wind blow on ye,
And blister you all o'er, * * * all the charms
Of Sycorax, toads, beetles, bats, light on ye, * * *
The red plague rid you, for learning me your language.

In the character of Caliban, it has sometimes struck us that the poet, in his contemplations of the chain of being, might have intended to shadow forth one of the gradations through which the human intellect may have been destined to pass, in its gradual progress upwards from a state of degradation, characteristic of the intellectual life of inferior orders in the universe. In the progress of human society we may observe the successive steps from the rudest and most uncultivated states, up to the highest refinements of civilization. From brute to man, and from man to a yet higher order of intelligences,

unseen, yet revealed, is but a gradation of being, and the lessons of humility taught by the contemplation of our connection with one extremity of the chain, are accompanied with the glowing aspirations inseparable from our connection with the other.

Our poet has taken upon himself to exhibit not only the intermediate links, but others, not many removes from both terminations of this great chain of beings. If the poet himself—if Hamlet and some of the higher creations of his genius, seem to exhibit unto us something we feel almost constrained to regard as superhuman, and belonging to a higher order of intelligences, although allied to our common humanity, revealing unto us, as it were, the last and uppermost link in this great chain which binds our humanity to the throne of the Eternal,—Caliban, if not the connecting link in the lower extremity, is certainly not many removes from it. His physical deformity is so great that he barely approaches the status of humanity. Prospero speaks of him as a Tortoise, and when Trinculo first encounters him, he seems to doubt where to place him in the scale of beings.

Trinculo. What have we here, a man or a fish? he smells like a fish: a very ancient and fish-like smell: a kind of, not of the newest, Poor-John. A strange fish! legged like a man! and his fins like arms! I do now let loose my opinion, hold it no longer; this is no fish, but an islander that hath lately suffered by a thunderbolt.

Comparisons between men and beasts, as is known, have been made in the earliest times, even in those of Moses. Socrates, the wise philosopher of antiquity, says, satirically, "between the most uncultivated of men and the brute beast, there is but a slight difference;" and further, "man is a fair blooming animal with his surroundings poisoned." Plato, who has penetrated deeply into the intellectual life of animals, says, "Man has the same brutish lusts in his spirit as are possessed by animals;" and he speaks of man as a tamed beast, who, under proper culture, is the most God-like of tame animals, but who, under bad breeding, becomes the wildest.

In the character of Caliban, we have a painful exhibition

of a combination of beastliness and a type of human imbecility and degradation, though not of that low form characteristic of idiocy or cretinism, rendering the individual quite irresponsible for his conduct.

About the first of his acts set forth, is his attempt upon the innocence of Miranda, and for which the only regret he exhibits is, that he was foiled by her father in the accomplishment of his diabolical purpose, and this is apparently the only act that can be brought forward in justification of the harsh and cruel treatment of Prospero, who is represented to have been so much incensed by this act of the man-beast, that he brings the full force of his dark and mysterious art to bear in tormenting him, and further punishes him by making him a beast of burden. The degree of mental and moral capacity which, as we have said before, makes him responsible for his acts, renders him also conscious and appreciative of both kindness and cruelty. We feel that much more might have been made of him but for those "poisoned surroundings," spoken of by Socrates, which have ever encompassed his path, dwarfing and warping his mental, moral and physical capacities. Prospero says, in allusion to the condition in which he found him, when first cast upon the island,

"I pitied thee, took pains to *make thee speak*, taught thee each hour one thing or other when thou did'st not, savage, know thine own meaning, but would'st gabble like a thing most brutish. I *endowed thy purposes with words*, that made them known. But thy vile race, though thou did'st learn, had that in't which good natures could not bide to be with."

If we were allowed to judge Caliban by the light of modern science, we might perhaps say that, like many of ignorant, imbecile and perverted minds, he appears to have suffered from and been influenced by his delusions or hallucinations, which give rise to the language used below, in speaking of the supposed vexings of Prospero's tormenting spirits, and which evidently appear to him in the light of most disagreeable and painful realities.

Caliban.

His spirits hear me

And yet I needs must curse, but they'll nor pinch,
 Fright me with urchin shows, pitch me i' the mire,
 Nor lead me, like a fire brand in the dark,
 Out of my way, unless he bid them, but
 For every trifle are they set upon me;
 Sometimes like apes that moe and chatter at me,
 And after bite me, then like hedgehogs which
 Lie tumbling in my barefoot way, and mount
 Their pricks at my foot fall; sometimes am I
 All wound with adders who, with cloven tongues,
 Do hiss me into madness.

When he first meets with Stephano and Trinculio, he regards them as the cruel emissaries of his master, Prospero, and appears to expect from them only the same tormenting unkindness he has been accustomed to receive. His first impulse is that of craven animal fear, which prompts him to seek to escape observation. When discovered, he calls out repeatedly to these supposed spiritual emissaries of his master not to be tormented.

"Do not torment me, pr'ythee,
 I'll bring my wood home faster."

But he is quite mistaken in the characters he now has to deal with, and the great psychological remedies, kindness and forbearance, are brought into requisition in taming him, and their never-failing potency is soon apparent in rendering him quite docile. Stephano, the jolly butler, aside from his philanthropy, is a far better medical psychologist than the great Prospero, with all his magic art. The butler soon recognizes his condition, and his universal and all-potent remedy, the *bottle*, with other "appliances and means to boot," is brought to bear successfully in taming and treating the man-monster.

Stephano. He is in his fit now and does not talk after the wisest, he shall taste of my bottle, if he have never drank wine before, it will go near to remove his fit. If I can recover him and keep him tame, I will not take too much for him.

The never-failing influence of kindness and humane treatment, is soon apparent. His fears are quieted, and his confidence, as is apparent in the language which follows, is partially,

if not wholly secured, and the wonder and astonishment he manifests at the treatment he receives, so unlike anything he has ever been accustomed to, has been witnessed in hundreds of instances by the humane and philanthropic, in their intercourse with such degraded beings, whether savage, imbecile or insane :

Caliban. Thou dost me yet but little hurt.
Thou wilt anon, I know it by thy trembling.

Stephano perseveres in the use of his remedies, both material and psychological, with full confidence in their efficacy :

Stephano. Come on your ways, open your mouth, here is that which will give language to you, eat, open your mouth, this will shake your shaking, I can tell you, and that soundly, you cannot tell who is your friend, open your chaps again.

The means work out the desired effects, and their potency is soon apparent in the change wrought upon Caliban, who now begins to appreciate them fully :

Caliban. These be fine things and if they be not spirits, that's a brave god and bears celestial liquor. I will kneel to him. I'll swear upon *that bottle* to be thy true subject, *for the liquor is not earthly.*

As his blood warms up under the influence of the kindness and the wine of the benevolent butler, he comes to regard his benefactor as something superhuman, and the manner in which Stephano humors the delusion of the creature is laughably characteristic and ludicrous :

Cal. Hast thou not dropt from heaven ?

Steph. Out of the moon I do assure thee. I was the man in the moon when time was.

Cal. I have seen thee in her, and I do adore thee. My mistress showed me thee, and thy dog and bush.

Like all savages when first made acquainted with the bottle, he takes kindly to it, though the language used towards Stephano seems as much prompted by the humane treatment he has received at his hands as from the liberal potations the butler has thrust down his throat. Whatever influence the drink may have had upon him, it is abundantly evident that, like almost

every creature, however degraded, he is not unsusceptible to kind and considerate treatment; and, not unlike many of the lower animals, when moved by kindness, he takes every means his ingenuity can suggest, to show his gratitude. Mark how the exuberance of his gratitude is poured out in what follows. How characteristic is the thought and feeling, and the language used in giving utterance to it!

Caliban. I'll show thee every fertile inch of the island, * *
 I will kiss thy foot, I pry thee be my God, * *
 I'll show thee the best springs, I'll pluck thee berries,
 I'll fish for thee, and get thee wood enough,
 A plague upon the tyrant that I serve!
 I'll bear him no more sticks, but follow thee
 Thou wondrous man.
 I pry thee let me bring thee where crabs grow.
 And I, with my long nails, will dig thee pig-nuts,
 Show thee a jay's nest, and instruct thee how
 To snare the nimble marmozet. I'll bring thee
 To clustering filberds, and sometimes I'll get thee
 Young scamels from the rock.

Caliban is by no means the monstrous offspring of the poet's imagination he is sometimes supposed,—an evolution of the superfecundity of his genius. Those who, like the writer, have spent a portion of their lives in the slave States of America, now in rebellion, will remember to have met more than once with individuals quite similar to Caliban in many respects, if not identical with him, among the lower grades of plantation slaves. The personal appearance, conduct, mental and moral character of many of the “contrabands” of Fortress Monroe and Port Royal, as set forth by the correspondents of the northern press, show that Caliban has many representatives in real life, held in bondage by the “chivalry” of the South, and the boasted affection of these modern Calibans of the actual and the present, for their masters, and their readiness to fight for them, as has been abundantly shown, is about as great as that of the Caliban of the poet for his tormenting master Prospero. The parallel between the conduct of some of the “contrabands” at Beaufort, after their rebellious masters had fled and left them “a law unto themselves,” and that of Caliban when he finds himself free from *his* master, and

seeks to attach himself to Stephano as they sought to attach themselves to their liberators, is very marked, and must be apparent to every one. The savage and uncultivated nature of both, made desperate by years of degrading and abusive servitude, shows itself in the outrages they are ready to commit, when suffered to act unrestrained by the superior intelligences, that have enslaved them and made them beasts of burden.

Cal. I am subject to a tyrant, a sorcerer,
That by his cunning has cheated me of this island.

Like Caliban, the lower and more ignorant orders of the blacks of the South, are proverbial for a firm belief in magic, sorcery and the machinations of a real personal devil, who "goes about like a roaring lion" seeking to devour them, soul and body :

Caliban. I say by sorcery he got this isle,
From me he got it, if thy greatness will
Revenge it on him, thou shalt be lord of it, and
I'll serve thee. * *
I'll yield him thee asleep when thou mayest knock a nail into his head, *
'Tis a custom with him i' the afternoon to sleep, then thou mayest
brain him.

The dark Calibans of the cotton plantations, cheated of all by the "chivalrous" Prosperos of the South, do not appear to have lived up to the Christian principle of loving their enemies much more closely than the Caliban of the poet, notwithstanding the Christian claims set up so ostentatiously by their oppressors, that they would fight for them ; and if love for their masters doth so greatly abound, it has been sufficiently shown that they have a very savage way of manifesting the same.

How *they* love their masters is quite apparent, we conceive, from the subjoined extracts respecting the conduct of the slaves after the desertion of Beaufort, which we are tempted to bring forward here to complete the parallel.

"We went through spacious houses," says the correspondent of the New York Tribune, "where only a week ago families were living in luxury, and saw their costly furniture despoiled,

books and papers thrown out upon the floor, mirrors broken, safes smashed, pianos on the side walks, feather beds ripped open, and even the filth of the negroes left lying in parlors and bed chambers. The destruction had been wanton, in many instances no purposes of plunder could have been served, but simply a malicious love for mischief gratified. Entirely of their own accord the negroes perpetrated these enormities. We looked through the rooms so ruthlessly devastated and so sadly changed, out on the luxuriant gardens, blooming with tropical plants and redolent with unfamiliar fragrance, and saw the November sun shining on a landscape as warm and genial as our Northern fields in June. The slaves had in many instances been shot at by their masters for refusing to follow them." "There can hardly be a doubt," continues this correspondent, that the whole slave population, in this vicinity, is ready at least to desert its masters,—is not only ready and determined to do so, but has done so already by thousands. It is not yet a week since this battle, one of whose results is so tremendous."

The following from the correspondence of the New York Herald, renders the parallel between these Southern Calibans and the Caliban of our poet still more striking. Read the language of the latter after he attaches himself to Stephano, and witness his joy in the idea of being free from his tormenting master, and then the following from this correspondent :

Contraband slaves still flock into the camp, and find profitable employment and plenty to eat from the representatives of the United States. It is highly amusing to see these poor creatures after their day's work, give expression to their exuberant spirits at the change in their condition from that of animals to that of human beings. At night, groups of them gather together, they sing and dance and otherwise enjoy themselves and seem grateful to our troops for their unexpected delivery from the hands of their tyrant masters.

Caliban. I'll fish for thee and get thee wood enough,
A plague upon the tyrant that I serve !
I'll bear him no more sticks, but follow thee
Thou wonderous man.

The further consideration of this parallelism between the savage of the poet's imagination and the real Calibans of the actual and the present, would open an interesting chapter in comparative psychology, a subject which is now beginning to attract the serious attention of the mental and moral philosopher, and from the further development of which we venture to predict the most interesting and important results. Here also the poet has pointed the road and has himself led the way, leaving his footprints further in the direction yet to be trod, than any other who has undertaken the journey. Our great bard has something applicable to all conceivable circumstances, he has written for all time, past, present and to come. His was not only "a mind reflecting ages past," but it was also one "to outrun hasty time," penetrate the mysteries of ages yet to come and discover what lays hid in the "deep, dusky dungeons" of futurity, and we can not conceive that the evolution of the great Platonic year would find him obsolete, but still unexhausted and inexhaustable.

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3. *Annual Statement of the Guardians for the Relief and Employment of the Poor of the city of Philadelphia.* For the year 1861.
4. *Twenty-Third Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum.* For the year 1861.

5. *Seventh Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum.* For the year 1861.
6. *Seventh Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum.* For the year 1861.
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At the close of the twenty-first year since its opening, the Trustees of the New Hampshire Asylum take occasion to notice its history to the present time. After six years of persevering effort, by the advocates of an Asylum, before the Legislature and the public, at length, in June 1838, a charter was obtained. The Asylum was opened for patients, October 29, 1842, under Dr. George Chandler, as Medical Superintendent. Dr. Andrew McFarland succeeded Dr. Chandler in 1845, and remained in office almost seven years. At his resignation, in 1852, Dr. John E. Tyler was appointed to the office, which he held until 1857, when he resigned and was succeeded by the present Superintendent, Dr. J. P. Bancroft.

This Asylum has been more highly favored than most State institutions in the legacies it has received. Upwards of thirty-seven thousand dollars invested as a permanent fund for its use, have been derived from this source, and several large bequests have been appropriated for the construction of additional wings to the building.

188 patients remained under treatment, at the close of the fiscal year, during which 86 had been admitted, and 94 dis-

charged, of the latter number, 41 were recovered, 32 improved, 8-unimproved, and 13 died.

2. A new building, styled the Orrillia Branch, has been opened for patients in connection with the Toronto Asylum, and the former Malden Branch, with 199 patients, has been made an independent institution, having seven counties assigned to it.

On the subject of suicidal and religious insanity, Dr. Workman writes as follows :

"The past year has been the most fearful in the annals of this Asylum as regards the number of suicidal patients admitted. No less than 53 of the 204 have been certified to be suicidal. When these were added to the number of the same class, remaining from former years' admissions, it may well be supposed that the officers and servants of the institution have had upon them an awful responsibility, and a heavy load of anxiety.

"I think I am warranted in regarding this unwonted manifestation of insane propensity as an epidemic visitation ; at all events, I trust it will prove exceptional. The malady has presented itself under strongly marked religious complexion ; yet it has differed from the sporadic suicidal insanity of other years, in the fact that it has shown no incidental partiality. It has neither known distinction of creed nor of nationality ; and although the religious delirium or delusions, associated with it, may have found expression in diversified phraseology, yet the generic underlying mental error has been the same in all. They all believed they had committed unpardonable sin.

"The disease prevailed chiefly throughout the Summer months. In the four months preceding May, only 9 cases were received ; and in the three since September, only 7 have come in. In the other 5 months the number amounted to 57.

"Insanity, developed by the excitement, which, in this country, accompanies religious commotions, or as they are usually termed, *revivals*, has been a malady with which I have had some acquaintance. It certainly is both troublesome and distressing ; yet how willingly would I, last year, have made exchange. One case of suicidal religious despair, causes more dread, and requires more watching, than a score of the high-pressure revival cases. Looking calmly back on the terrible period through which we have passed, and endeavoring to reach some solution of the question as to the cause

of the epidemic, I feel inclined to the opinion, that notwithstanding all that has been said and written against religious commotions, and notwithstanding the apprehension with which, in common with all asylum physicians, I regard their invasion, they are wants of our religious nature, and they may subserve great purposes in the progress and regulation of society.

"It is certain they are not *new* spiritual phenomena. No period in the history of Christianity has been without them, and their prevalence has not been confined to Christians only.

"The number of cases of suicidal religious despair, which, last Summer found refuge in this Asylum, may have been but a trivial per centage of the aggregate of religious anxiety, which the Province embraced. Who would venture to assert that the awakening power which signalizes the religious revival must have proved injurious to the morbid condition in which the general mind was probably involved? Many a wretch, brooding over the horrid conviction of utter unworthiness and condemnation, might have been visited by a brighter light, and have rejoiced in consciousness of pardon to that indefinable sin, which before, he believed to be beyond God's powers of pardon. The tides of human mind are no less stupendous, and no less mysteriously governed than the tides of ocean. Individual rational influences may accomplish little; but the contagious fervor of a mental popular commotion, seems capable of transforming man's whole nature, and, at least temporarily, suspending the operations of conscience itself. Who will reason the religious maniac out of his despair? But who can say what a different being he might become, if, lifted from the brim of the pit over which he cowers, and borne away on the heaving wave of a heaven-soaring popular religious commotion? It may be said this would not cure his insanity; but if it would take away his suicidal tendency, that would do for me.

"To be just with religious epidemics, we should record, not alone the evil they seem to produce, but also that which they may prevent. Insanity occasionally arises from these agencies; but has any one recorded the number of cases of the malady, which they may have prevented?

"I hardly believe that religion is capable of upsetting any sound mind; I certainly have seen a great many unsound ones soothed and benefited by it; though not, indeed, by the expounding of its recondite or incomprehensible doctrines. There may, indeed, be minds so peculiarly constituted, as to

be susceptible of insane impression only through religious excitement; but I apprehend their number is limited. The mind which religion upsets, might, I think, as readily yield to any other form of disturbance. It is a slight work to develope insanity where it is latent; and where it is not so, mental troubles and toils will wear out the body before exhausting reason.

"Would it not, however, be prudent for those who are entrusted with the religious instruction of society, to make themselves more intimately acquainted with the requirements of that class of their hearers, whose morbid tendencies may be destructively operated on by daring flights of doctrinal exposition, in the regions of unfathomability?"

"The preacher may entice his auditory into deep waters, where all can not swim; and where he leaves them, some may sink. It is a noble and Christian work, in an asylum, to restore to reason a suicidal maniac. It would still be a better work to save him from becoming insane. Sending the victims to the asylum gets them out of sight; and I have often thought it also puts them out of mind. It is wonderful how little such unfortunate people seem to be thought of, by those who have been mainly contributive to their sufferings. This is to be regretted; for I believe that no man, with any heart in him, would persist in the destructive course, were he to make himself familiar with its results, as exhibited in a lunatic asylum. The evil is great and terrible, and did I not say so, I should be unworthy of the position which I occupy."

We believe with Dr. W. that, destructive as these religious epidemics appear when their most striking results are brought together in the focus of a lunatic asylum, they have their useful office in the complex system of spiritual dynamics. They are the storms which come to purify the moral atmosphere, convulsing human nature to its depths, uprooting and destroying whatever is hopelessly affected by sin and disease, and stimulating its vigorous and healthy elements to a larger growth. It is safe to say, also, that religion is probably not "capable of upsetting any sound mind." But neither is it to be believed that grief, or domestic trouble, or any other of the numerous moral causes to which mental disorder is attributed, are alone competent to produce insanity in one sound in body and mind. The fact is, no doubt, that considerations arising in the belief of what are generally accepted as religious

truths—strong desires, doubts and fears concerning spiritual welfare—do produce insanity, as other disturbing causes produce their effects. It might be easily shown, too, that the dogmas which are at the foundation of religious delusions, without exception are themselves based upon the theory that certain actual or traditional events in human history, and a certain class of mental experiences in the history of each individual, are of a supernatural order, unclassifiable with other phenomena of the Divine economy, and thence, as outside the limits of universal law, vague, mysterious and terrible. Indeed, modern scientists, by whom theories of the supernatural are discarded, as transcending the limits of human knowledge, have pointed out this fact, and have based upon it an argument against the use of the supernatural in religious teaching. But, if we may rely upon the judgment of those who have experience in the premises, such a step would do infinitely more harm than good at present, and must remain to be taken, if at all, in some distant future. We coincide, however, in the advice given to religious teachers by Dr. Workman. If the medical profession were as much routinists, and as indiscriminate in the use of powerful remedies as are the mass of their clerical brethren, it is our firm belief they would deserve much less credit than they now receive. But we do not now prescribe for names, or upon dogmatic principles, but to meet symptoms, which are to be studied as they appear in each case. Medical generalizations have thus far been the chief source of error in the practice of our profession. May not a similar form of error in the treatment of moral disorders be more carefully avoided than it has been?

Dr. W. comments upon the greater proportionate number of reported deaths from phthisis in the British Asylums and his own, as compared with those of the United States. But this subject he has already discussed at length, in a paper published in the last number of this journal. Some interesting cases of general paralysis, with notes of post-mortem examinations, are also given in this valuable Report.

There remained in the Chief and Branch Asylums at the close of the year, 461 patients. The other customary statistics

are complicated by the erection of the Malden Branch into a separate Asylum, in September of last year.

3. Dr. S. W. Butler's Annual Report of the insane department of the Philadelphia Alms-house, is included in the Annual Statment of the Poor-Guardians of that city.

The statistics for 1861 are as follows: Admitted 415, discharged 367, remaining 523. Discharged recovered 158, improved 94, unimproved 35, died 80.

The admissions of this year were 96 in excess of those of the year previous. "The war excitement," says Dr. Butler, "with the loss of employment during the early months of the year, undoubtedly accounts for this unusual number of admissions." The results of treatment have been very gratifying, and there has been but little bodily disease during the year.

A new ward, gained by an alteration of the old clinic-room, will relieve the present crowded state of the female department. Dr. Butler urges that the narrow airing-courts of the Asylum should be enlarged, and recommends the removal of the steam-pipes in the basement to the wards, in view of the greater economy and efficiency of heating by direct radiation. If the matter of economy in fuel and steam-pipe, is the chief question with the Poor-Guardians—as is probably the case—we can easily understand that the heated surface should be brought into as close contact with the bodies of these poor lunatics as possible. Otherwise, we are sure Dr. B. would not advise a change which involves increased danger from accident, and greater difficulties in the way of cleanliness in the wards, and a more limited supply of fresh air.

4. The Trustees of the Central Ohio Asylum submit the twenty-third Annual Report of that institution, and the sixth under its present administration. Before the close of another year, the term of office of Dr. Hills, under his present election, will have expired. This gives occasion to present the entire statistics of the Asylum for twenty-three years, and a summary of its economical operations for six years. Of the statistics, and the conclusions to which they seem to point, we can only confess to a complete skepticism as to their

value. The administrative results for so short a time are, however, a most creditable record. To these "the Board refer with pleasure, as evidence of the faithfulness of the Superintendent and his associate officers, aided by the employees of the Asylum, in the discharge of their duties and responsibilities."

In commenting upon the table of causes of insanity, Dr. Hills properly notices the much greater efficiency of constitutional and hereditary causes than any, or perhaps all others combined. But he seems to us mistaken in concluding that "these cases are almost necessarily accumulative in themselves." Were this true, a point of deterioration must centuries ago have been reached, that would have made even the dream of human progress impossible. But here, as in other departments of nature, a law of conservation meets that of destruction at every point. We have ample reason to believe that certain elements of disease in the parents neutralize each other, or are extinguished by healthier conditions, in the offspring. When these fail, the morbid causes operate to lessen viability or procreative power, and thus are self-extinguished.

We quote the following interesting cases, illustrating the constitutional effects of intemperance:

"Intemperance is a frequent, direct cause of insanity, but I believe it to be much more fearful in its influence in laying broad and deep the foundations of constitutional insanity. Many instances come to light, on close examination, in which, even temporary intemperance of the parent has caused constitutional defects in the offspring—sometimes physical, and at other times mental. In one case of insanity, represented as *not constitutional*, but believed from *its character* to be so, it appeared on full investigation that the father had been a very hard drinker from early life, and that one son, although capable of doing business, was of dull intellect; the second was our patient, having become insane at about thirty years of age, and is probably incurable. The third son was demented from an early age, and is now in a county infirmary. The fourth child has epilepsy, and is imbecile. The two oldest are married, having children, some of whom can scarcely hope to escape the penalty in after years.

"In another case presenting evidences of constitutional taint, inquiries failed to develop hereditary predisposition. The patient died. In a few months his brother was sent to us, also represented as not hereditary. Farther investigations developed the fact, that in the earlier years of the father's married life he was strictly temperate, had four children, all yet remaining healthy and sound. From reverses of fortune he became discouraged and intemperate for some years, having in this period four children, two of whom we now had received into the Asylum; a third one was idiotic, and the fourth epileptic. He then reformed in habits, had three more children, all now grown to maturity, and to this period remaining sound and healthy.

"From another county a parallel case came to light—four children born to the parents in a period of intemperance suffering the consequences. The first a daughter grown up and married, having three children before insanity appeared. It then was developed slowly, and without any apparent direct cause. After two or three years it settled into dementia, and she was discharged as incurable. The second one, a daughter also, and married, with two children, was brought to us in a state of acute puerperal mania, and after six months treatment was discharged recovered, and still remains so after three years lapse of time. I have little doubt, however, she will relapse at some future period. The third, also a daughter, is an idiot, now mature in years. The fourth died when young with 'fits.'

"Four children born previous to the period of intemperance, and two since reformation, are all sound and healthy."

The yearly statistics are: Admitted 169, discharged 169, remaining 252. Discharged recovered 107, improved 14, unimproved 33, died 15.

5. Dr. Kendrick's report is brief, but very creditable in the manner and matter of its contents. He again sets forth the urgent necessity of completing the asylum under his charge, in order to meet the demands from that section of the State. Referring to the memorial of Miss Dix to the Legislature of Pennsylvania, in 1845, in regard to further provision for the insane of that State, he says:

"Although the march of improvement in the general care of the insane in our country has been steady and rapid since

that day, the evils of their promiscuous association with common paupers and criminals still exist.

"In this respect Ohio occupies no higher ground than other States; the incurably insane, once removed beyond the thresholds of her asylums, where for a time the comforts, if not the luxuries, of home surround them, lose the restraining influences of those associations, and speedily sink to the low level of instinctive life."

The usual statistics are: Admitted 131, discharged 125, remaining 141. Of those discharged, 67 were recovered, 11 improved, 44 unimproved, and 3 died.

6. It has also been necessary to return chronic cases to the county-houses from the Southern Ohio Asylum; but as it is not likely that, in the present condition of the State finances, the asylum will soon be enlarged, the fourth story of the central-building has been fitted up to accommodate twenty-five additional patients.

The general results for the year are: Admitted 99, discharged 97, remaining 159. Discharged recovered 59, improved 8, unimproved 22, died 8.

7. In noticing the first annual report of the Longview Asylum in our journal, a particular description of this new and admirable institution was given. We are glad to learn, through the present report, that it has thus far been prosperous and successful in its operations. The classes from which its patients are derived, are those which fill most of our metropolitan asylums. More than two-thirds of the number are of foreign birth, and a large proportion are demented and chronic cases. Of the greater part, no definite account of their mental disorder, or their previous history can be obtained. Under these circumstances, of course, the statistics are of no scientific value; yet it is to be regretted that they are cast in the forms adopted at the beginning of statistical record in mental disease. Many of these are useless and unmeaning, and ought long ago to have been discarded in all institutions. But it has not been easy to change the form of records which are only supposed to be valuable as they embrace large numbers, and cover long periods of time. An improved system

of statistics of insanity can probably be introduced only in new institutions, and we therefore regret the more that any opportunity for such a change should be permitted to pass unimproved.

The following are the general statistics for the year: Admitted 187, discharged 164, remaining 357. There were discharged recovered 115, improved 19, unimproved 4, died 26.

8. The report of the Indiana Hospital presents nothing of especial interest. We noticed in our last number the resignation of Dr. Athon, and the appointment of Dr. J. H. Woodburn as his successor.

The usual statistics are: Admitted 214, discharged 211, remaining 300. Discharged recovered 114, improved 24, unimproved 46, died 27.

9. The Iowa Hospital for the Insane, at Mt. Pleasant, was opened for patients on the 6th March, 1861, under Dr. R. J. Patterson as medical Superintendent. Only the central and one of the lateral sections of the building had been completed at date of the report. We copy the following description of the building and its appointments:

"The building, which is of the Elizabethan style of architecture, consists of a stately central structure, and wings on either side, tastefully grouped in the quadrangular forms. The central portion is four stories high, and all other parts three stories high above basements. The walls are all of solid cut stone masonry, lined on the inner side with brick. The roof covering is of heavy galvanized iron.

"In the central building, which is 90 by 60 feet, and four stories high, are the public offices of the Superintendent and his assistants, the Steward's and the private rooms of all resident officers. It has also a rotunda 49 by 57 feet, in which is a splendid double stairway reaching to the top. It is surmounted by a beautiful tower, the top of which is 137 feet from the ground. The six wings, three on either side, are for the special use of patients, and are each respectively, 114, 151, and 131 feet in length by 40 feet in width, all three stories high above the basements. They are agreeably diversified by bay windows, projections and recesses, and give an entire front of 512 feet. Two cupolas rise 90 feet from the ground

over these wings, and serve a practical use as ventilators as well as ornaments. At the extreme end of these wings are return-wings, each 131 feet deep by 40 feet wide, giving the structure its quadrangular form. Also, there is one central wing, extending from the rear of the central building, 115 feet deep, 3 stories high, in the basement and first stories of which are the kitchen, bakery, dining-rooms, store-rooms, and other domestic offices. In the second and third stories is a beautiful chapel 38 by 50 feet, with 20 feet ceiling, in the rear of which are numerous lodging rooms for domestics.

"In each story of the lateral wings, where patients have their apartments, are placed and always kept, 240 feet, or in the aggregate, 720 feet, of water-hose, always attached to the water-pipes, to subdue fire in case of its occurrence, and for the same purpose six iron steam pipes, each 14 inches in diameter, open into the attics at various points.

"The lateral wings contain :

220 single rooms for patients, each	- - -	8 by 12 feet,
18 associated dormitories "	" - - -	18 by 20 "
18 parlors, "	" - - -	18 by 24 "
18 dining rooms "	" - - -	16 by 24 "
18 corridors for "	" - - -	12 by 112 "
24 bathing rooms for patients.		
25 water closets.		
24 wash rooms with enameled iron sinks.		
78 clothes-closets.		

"In the whole establishment there are 425 rooms, great and small, exclusive of basement rooms. It contains 1,100 windows and 900 doors. A walk around the outside walls is a half mile, and a walk all over its halls about one mile in length. It required 120,000 square feet of galvanized iron sheeting to cover the roof. In the basement is a railroad one-eighth of a mile in length, with iron rail, upon which a hand car carries the food from the central kitchen to dumb-waiters beneath all dining rooms. The buildings are designed for the liberal accommodation of at least 300 patients, with all needed officers, attendants, and assistants to take care of them.

"The entire establishment is warmed by steam, and all machinery for elevating water, for forced ventilation, for washing and wringing clothes, is driven by steam power. Steam is also liberally used for heating water for baths, and for cooking. Galvanized iron pipes carry hot and cold water to every part. There are 70,000 feet or about 12 miles of

iron pipe connected with warming, lighting, and the distribution of water. Iron tanks, whose aggregate capacity is 14,000 gallons, have been placed in the central attic, and a brick cistern, cylindrical in form, whose capacity is 3,000 barrels, has been placed under ground.

"A rotary fan, fifteen feet in diameter, with 8 feet span, driven by steam power, secures a forced ventilation. The wash house and laundry are furnished with a large David Parker washing machine, a rotary patent wringer and a mangle, all propelled by steam. The buildings were completely piped throughout for gas before plastering the walls, and a gas-house will be erected and gas lights introduced during the next year, from an unexpended appropriation for that purpose.

"Having examined nearly all of the best Hospitals in the United States, and having experienced more than ten years of hospital life, I am enabled to speak with much assurance in regard to the excellence of our buildings and fixtures. They are doubtless the most permanently built in every part and among the most extensive of any in the country. They seem to have been erected for all time. No one portion has been slighted, but everywhere are abundant evidences of enlightened economy and skill, faithfully applied. Everywhere in the building and its fixtures, the most permanent materials only have been used, and the latest and best improvements have been incorporated. It is scarcely enough to say that the people of Iowa, through their efficient building commission, have erected a hospital of rare excellence in all respects, and as the Medical Superintendent can claim no portion of the credit due on this account, it will not be regarded in the light of self-commendation, if the opinion is here expressed, that, taken as a whole, they have built and dedicated to a benevolent purpose the best establishment of the kind which has yet been erected by any State in our country, while the cost incurred, has not exceeded that of other similar buildings of less extent and merit. * * *

"The Hospital Farm consists of 173 acres of fertile land, about one-half of which is sparsely timbered and beautifully diversified by hill and valley. The other half is what is termed rolling prairie. The farm will afford an abundant supply of vegetables for the entire household, and food for stock, as well as health-giving employment for our patients."

The usual statistics for nine months are: Admitted 170,

discharged 30, remaining 140. Discharged recovered 19, improved 2, unimproved 3, died 6.

10. Dr. W. P. Tilden succeeded Dr. Aylett as Superintendent of the California Asylum at Stockton, in April, 1861. The chief topic of his present report, is the badly organized and overcrowded condition of the institution; and the facts, which he states boldly and without reserve, certainly show a most disgraceful state of things. Double the number of patients intended to be accommodated are crowded into the wards; which are without proper furniture, and lack all means of amusement or useful labor. All colors and conditions of the population are represented. Negroes, Chinamen, drunkards, prostitutes, and criminals, are associated with the non-criminal citizens for whom the Asylum was designed. We sincerely hope that such an exposition as Dr. T. has made will cause a radical change to be effected at once by the proper authorities.

The change of administration during the fiscal year prevented the condition of those discharged from being accurately determined. The admissions were 319, the discharges 273, and the number remaining 416.

Epilepsy: its Symptoms, Treatment, and Relation to other Chronic, Convulsive Diseases. By J. RUSSELL REYNOLDS, M. D., etc. London: John Churchill. 1861.

It is to be feared that most medical men consider new books on epilepsy, and new remedies for the disease, to be equally unworthy of their attention. We do not now think of anything more degrading to medical science, than the extent to which specifics for epilepsy have been, and are still, sought for, and made the subject of experiment. In fact, this disease from having been the "opprobrium" of medicine on account of its incurability, has become doubly so because of the shallow empiricism which is associated with it in medical practice. Nor can it be denied that there has been something in most of the numerous monographs on epilepsy, which is the coun-

terpart of the absurd experimenting with drugs in the malady, and like it has tended to repel the intelligent physician from the subject. The fault seems to be, mainly, that each writer has deemed it necessary to frame some complete theory of nervous and muscular action, to which have been fitted all his observations of the phenomena of convulsive diseases. Such a scheme—explaining everything where so little is really known—has compelled the use of new and vague terms to disguise the want of knowledge. Thus we have had the phrases “over-action” and “defective action” of the nervous system, “the nervous influence,” “nerve-currents,” “electromotive currents,” and others, offered as representing a positive, definite value for the solution of the great problems of life and disease. It is not strange that little notice is taken of such theories. They are usually only attempts to represent in verbal formulas some current fashion of medical practice. Just now, when stimulants are the favorite therapeutic agents, defective innervation and morbid irritability (which latter phrase, as employed by a late writer,* “becomes only another name for inefficient action of the nervous system”) are, of course, made the primary fault in idiopathic convulsive disorders.

But thus far, we have referred to a class of works of which Dr. Reynold's book is *not* an example. We will devote a brief space to giving our readers some notion of its method and value.

To characterize the treatise in a word, we may say that it is rigidly *scientific* in every particular of its plan and execution. This is manifested, as we shall see, at the very outset of the work, in the thorough examination and sifting of the facts which are to be used in the inductive part of the argument: nor is it less admirable in the care with which only the settled and accepted laws of physiology and pathology are brought to bear in the deductive portions.

We have never seen the proper application of the numerical system to the problems of disease so clearly and satisfac-

* Dr. Radcliffe, in his work on “Epilepsy and other Convulsive Diseases.”

torily stated as in the preface to this book. To some, we know, the use of statistics in medicine appears more simple, and to promise more perfect and positive results, than Dr. Reynolds has claimed. But it is to be feared that such have taken only a very superficial view of the matter. We will quote somewhat at length upon this point of primary importance:

"Statistical propositions represent only fractions of the truth which lies beyond them, and the whole of which cannot yet be expressed; they are of value, inasmuch as they tell us what fraction we have obtained. They are of especial use as a means of pointing out and correcting erroneous impressions; of indicating the direction in which true principles or laws may be discovered; and of so registering the facts we have observed, in regard of two or more groups of natural objects, that we may satisfactorily compare and contrast these, and become acquainted with their mutual relations.

* * * * *

"In the following work I have shown that some general principles enunciated with regard to epilepsy, not only have exceptions, but that these are more frequent than are the examples of their correctness; and that therefore those so-called 'general principles' are demonstrably wrong. Further, the numerical method may be so employed as to show that a principle, antagonistic to that which is generally received, has greater claims to reception; and thus evidence of a positive character may be furnished against the adoption of the received opinion. In this manner statistics have been frequently employed in the course of the present researches upon epilepsy.

"It often happens that a startling fact makes so strong an impression upon the mind of its observer, that he attaches to it an importance far greater than it deserves, and this to the depreciation of other and more common occurrences. For example, a certain 'cause' has been seen followed by a particular disease; the relation has been carefully established, and the circumstances have been so forcibly impressed upon the mind that the observer is prone to look at other cases in the light of this one; and, as it often happens, when he cannot ascertain any facts in support of his favorite notion, to supply them from imagination or suspicion, and construe all that he does observe into a form which squares with his own theory. We have a natural repugnance to the admission of our own ignorance or error; it is more pleasant to suspect willful concealment on the part of a patient, or even some

freak of *lusus naturæ*, than that our own beautiful generalization is at fault; and hence, sometimes, we turn away from facts which speak against us, to luxuriate in the society of those which seem all made to our own order. Rejoicing in the thought that we are the "interpreters of Nature," we nevertheless wish that her utterances may be upon our side; and we are disposed not merely to convey, but to parody and convert her teaching. With all reverence to the great men who have built up the science of medicine, it must be admitted that many of their doctrines have had no firmer foundation than that which I have described, and that yet these doctrines have passed current in the minds of their followers for generations; they have been accepted without question, and acted upon without fear; and thus the trustworthy beliefs of the day are compounded with the false notions of tradition as well as with the hasty generalizations of the individual. Now, for the purpose of correcting these, or of showing their true value, when they have any, no method is more convincing than the numerical.

"In the employment of statistics with the intention of indicating the direction in which true principles or laws may be discovered, we exhibit perhaps their highest use; but it must be remembered that numerical statements of percentage and proportion, although they may be perfectly correct so far as they extend, are yet not of the nature of vital or pathological laws.* If it is said that fifty per cent. of the cases of a particular disease, such as epilepsy, present a special symptom, and that fifty per cent. do not, it is not to be regarded as a law of that disease that one-half of its examples should differ from the other half. The proper conclusion is, either that the symptom in question, when present, was not essential to the fact of epilepsy, or that the cases from which it was absent were not true examples of that disease. Upon the one supposition, half the cases presented something more than epilepsy; upon the other, half the cases presented less. Either the symptom is a 'complication' in fifty per cent., or fifty per cent. of the cases are 'abortive' or imperfect. Yet, notwithstanding this constant result of the use of statistics in pathology, it is convenient to retain, as we do, many names—of more or less vague meaning and applicability—to denote diseases which we feel are as yet very inadequately described. It is always highly undesirable to change the names of things, and unless change is imperatively demanded it should be

* See Facts and Laws of Life, an Introductory Lecture by the Author.

avoided ; but the application of the numerical method to the study of disease must result, occasionally, in the disturbance of our nomenclature."

The subject of epilepsy is prefaced by the definition of the term "disease," and some remarks upon the classification of diseases, which lead us to appreciate at once the exact and logical method of the writer. The pathology of convulsion in general is also briefly considered. This part is taken from a former work of Dr. R., entitled "*Diseases of the Brain, &c.*" Convulsion, which is defined as spasm of all the muscles of one-half, or more than one-half, of the body, is shown to depend upon nutritive changes in the nervous centres, and in all like cases to have a similar change as the immediate and proximate cause. Of other causes, Dr. R. says :

"Now, whatever lesions we may find in the nervous centres, or in other organs, whether these are spiculæ of bone, hydatid cysts, thickened meninges, softened brain, calculus in the kidneys, or Bright's disease, such lesions are not the proximate causes of convulsions ; for they are not present in all cases : they differ in locality and kind, and they bear no constant proportion to the symptom in question.

"The laws of nature are invariable, and so-called exceptions are either ignorances or errors ; statistics of percentage do but represent the fragmentary or fractional condition of our knowledge, and our necessity for their use is evidence that we have not yet given full expression to those laws, some portion only of which we may dimly see and register. But our conviction is,—and the possibility of science depends on such conviction,—that the laws are fixed and invariable, and that similar effects must have similar causes.

"The immediate or proximate cause, therefore, of convulsions is the same in all instances ; it is some change in the nutritive or interstitial processes of the nervous centres."

He goes on to show that this nutrition-change consists in an abnormal increase in the nutritive processes. In this deduction, which, so far as we can see, follows necessarily from known vital laws, it will at once be seen is the basis of a practical doctrine that must condemn the excessive use of stimulants, which has attended upon the theory of defective nutrition in convulsive diseases.

In one class of cases, this common proximate cause is found to be the primary and sole deviation from health; in this class the disease is known as idiopathic. In a second class, this nutritive-change is not idiopathic, but induced by other changes in the organism, and such as are generally termed eccentric causes; this class includes uterine, gastric and dentition convulsions. The third class of causes includes all "such general cachexiæ as tuberculosis, scrofulosis, rachitis, and syphilis; such morbid blood-conditions as urinæmia, anæmia, pyænemia, and other toxæmiæ, arising from changes occurring within the system; such blood-diseases as alcoholism, lead-poisoning, typhus, variola, and other exanthemata; such profound general modifications of nutrition as accompany the progress of disease in certain important organs, *e. g.* pneumonia, carditis, pericarditis; and lastly, such as attend certain developmental periods,—for example, puberty, pregnancy, dentition, and the like."

The fourth class comprises the various forms of structural disease in contiguous portions of the nervous-centres,—as intra-cranial tumors, chronic meningitis, softening, &c.

From this general view of the causes of convulsive disease, Dr. R., passes to the consideration of epilepsy.

Now, not a little of the value of statistics as applied to the study of disease consists in the greater prominence with which the common fault of a loose and indefinite terminology is thereby brought into view. We all know that a moderate ingenuity in the use of convertible words, or a slight rhetorical skill, has often sufficed to make the most shallow theories of disease appear plausible, or even profound. But when in an interrogation of facts, instead of using words by which the looked for conclusions are already assumed, we substitute figures, which must complement or balance each other, and which can convey only a single meaning, we are driven to make definition of the first importance. This Dr. Reynolds has done. In treating of the symptoms usually said to be pathognomonic, he remarks, that a sudden and complete loss of consciousness can only be pathognomonic when it occurs as a paroxysmal or occasional event. Spasm is acknowledged

to be always present, "but it may be confined to the contractile fibres of the cerebral vessels," and thus is not necessarily observable. Upon the definition and nosological place of the disease, we quote further, as follows :

"Epilepsy may then be defined to be a *chronic disease characterized by the occasional and temporary existence of loss of consciousness, with or without evident muscular contraction.*

"Epilepsy should be regarded as an idiopathic disease, *i. e.* as a *morbus per se*, distinct from eccentric convulsions, from toxæmic spasms, from the convulsions attendant upon organic lesion of the cerebro-spinal centre, and, in fact, from every other known and appreciable malady.

"The special organic condition upon which it depends may be induced in various ways, but it may occur primarily ; and, in the vast majority of cases of epilepsy proper in the human subject, there is no evidence to show that the disease is other than idiopathic and primary.*

"In 1855 I made the remark that, "If we can succeed in distributing all the cases hitherto known as epilepsy among the several classes of better defined diseases, we ought to reject the term epilepsy from our nosology : but if we cannot accomplish this distribution, and are compelled to recognize the existence of many, or even of a few, cases distinct from any more general condition of systemic or local disease, then we must employ the term epilepsy in a restricted sense, implying only those cases which, in the present state of medical science, are irreducible.† But this principle of nomenclature—which appears little more than a truism, self-evident and requiring no argument for its support—is not that which has been acted upon ; and at the present time we constantly hear of renal epilepsy, uterine, gastric and other epilepsies : epilepsy from tumor of the brain, and other organic diseases ; and find these confounded together with the simple or idiopathic affection.

"The principle which is now re-asserted is this, that inasmuch as there are numerous cases of epilepsy in which neither organic lesion, blood disease, nor definite eccentric irritation can be shown to exist, epilepsy is idiopathic in these cases ; that such idiopathic disturbance is all that exists in them, and that it fills up to the full, in numerous instances, the idea of

* For the sense in which these terms are used, and the reasons why they are applied to epilepsy, the reader is referred to Chapters I. and V.

† Diagnosis of Diseases of the Brain, Spinal Cord, Nerves, and their Appendages, p. 174.

epilepsy; and that, therefore, when in other cases structural lesions, blood diseases, or eccentric irritations, are found in connection with convulsions which they are shown to produce, we ought not to call these latter by the same name."

Dr. R. further explains and commends his system, and, in accordance with it, separates the cases of pure epilepsy from those improperly so termed, in those recorded by other writers. These remarks he concludes as follows:

"Now, it is evident that if some of these deserve the name of epilepsy, others do not; and it is essential for all purposes of analysis that the same word should be made to stand for the same thing. To compare the history of a convulsive affection, which is the expression of the scrofulous diathesis, with that which depends upon a blood-poison, such as uræmia, and these, again, with organic and non-organic intra-cranial irritation, and so on, except for the purpose of discovering, through seeming similarity, their essential difference, cannot be productive of an advance in pathological science. But to group such cases together, call them by one name—epilepsy—and then estimate numerically the frequency with which this or the other phenomenon may be present, is to proceed upon so false a method that the science of pathology must be by such means thrown backwards, and into augmented confusion.

"If epilepsy can exist without diathetic disease, without blood poisoning, without violent eccentric irritation, and without organic lesion, then these conditions are not essential to the disease, and when they exist, cause symptoms which are over and above those proper to the epilepsy itself. Such conditions may co-exist with epilepsy proper, but much more rarely than is supposed, the cases in question being then more correctly denominated by another word; but when there is such co-existence, we ought to separate the one element from the other, and the first step in this process is to define as accurately as possible what is included in epilepsy itself. For this purpose I have excluded from a large number of convulsive diseases all those cases in which the fits were evidently due to one or more of the several conditions enumerated, retaining under the name of epilepsy only those cases in which there was no reason to believe in the existence of anything beyond an idiopathic affection, characterized by those essential features of the disease already described in the definition."

Of the inter-paroxysmal symptoms of epilepsy, Dr. R. first considers those found in the mental condition of patients. The number of cases of true epilepsy analyzed for the purposes of the volume is eighty-eight; but the mental symptoms were carefully observed in only sixty-two of these, which, on analysis, led to the following among other conclusions: "First, that epilepsy does not necessarily involve any mental change. Second, that considerable intellectual impairment exists in some cases; but that it is the exception and not the rule." We can not but see in these first conclusions from the statistics of epilepsy, how one-sided and fractional at best our knowledge of disease must, perhaps, always be. That "epilepsy does not necessarily involve any mental changes," follows, of course, from our own arbitrary definition. That intellectual impairment is more the exception than the rule, may, however, be contradicted by the next collection of cases, and, not improbably, by the same cases at another stage of the disease. Indeed, to make these results of any positive value, we should have been told that no mental impairment existed during life in the majority of cases; whereas, we are only informed in regard to an indefinite, and probably brief, period of their history.

In treating of the organic condition of epileptics during the intervals of their attack, a similar source of fallacy may be detected. Dr. Reynolds, while exhibiting but little controversial purpose in his book, takes issue upon the point with Dr. Radcliff and others, who defend the theory that the essential condition of convulsion is debility. Now, we regard the observations of Dr. Reynolds, and the evidence he brings forward from other authorities, as quite conclusive of the fact, that epilepsy may, and often does, have its origin in robust and well-nourished subjects. But we have as little doubt that—as we should expect to follow so great an expenditure of force, and such interference with all the bodily functions—the disease does tend to depress the general health, and that debility generally co-exists with epilepsy in its advanced stages. The disagreement seems to be here, as in

so many other cases, to depend upon the different points of view from which the disease is surveyed.

The paroxysmal symptoms of epilepsy are next described as they have been observed by numerous authorities, whose language is carefully cited in every particular. With these the results of the cases analyzed by Dr. Reynolds are compared, and in most respects the fidelity and accuracy of early observers in this disease are attested. Following this, the natural history of epilepsy—including its degree of prevalence, etiology, relations between symptoms, its consequences and complications—is discussed with much learning, and admirable method, but with little more definite conclusions than have heretofore been reached. A mistake is made in this part, which is a common one with enthusiastic statisticians. Instead of the general results of the tabulation of cases being stated, the figures themselves are brought forward in their long array, much to the distraction of the reader.

The problem of pathology is next examined.

"Pathological anatomy," says Dr. R., "has shown three things:—1. That there is scarcely any morbid condition which may not be found sometimes in the bodies of epileptics. 2. That no structural change is constantly found at all periods of the disease. 3. That some lesions are of more common occurrence than others. While this method, therefore, fails to demonstrate the seat of the disease, it furnishes proof that many lesions have no causal relation to its phenomena, and it affords presumptive evidence that other changes may be most duly regarded as its effects.

"Among the latter we may class thickening of the bones of the skull; deposition of calcareous matter in the dura mater and its folds; enlargement of the pituitary body, with changes in its structure and in that of the pineal gland; and dilatation of the capillary vessels in the medulla oblongata. The rougher lesions first mentioned have been observed from the earliest time; and probably are due to the repeated congestions, which also render the skin and hair of the scalp coarse and unyielding."

Inductive methods having failed to afford a solution of this

problem, it is attempted to solve it deductively, from the known laws of physiology and pathology. This course, it is claimed, has been more successful. Dr. R. gives quite at length the arguments which go to prove that the starting point of convulsion in epilepsy is the medulla oblongata, and that a "nutrition-change" is the proximate cause. Here comes up, again, the question whether this functional change is one of defective action, as has been claimed. We agree with the author, that any one who has once witnessed a severe convulsion will smile at the reasoning which would reverse the obvious meaning of that phenomenon, to make it square with any theory of "defective action" in the case.

The author's remarks on the nature of this nutrition-change, which may be morbid in kind, or in degree only, and the manner in which the epileptic paroxysm is developed, are among the most profound and interesting in the book, but are too extended to be copied here.

We can find but little in the chapters on diagnosis and treatment worthy of comment. They consist in great part of the detail of cases, including their treatment. And we are bound to confess that so much system is employed here as greatly to mystify to us the relations of facts and symptoms, in some of the cases. What with section-marks, dates, numerals and capitals, intermingled and repeated again and again, these records of common cases of epilepsy are rather the most difficult and tedious reading in the book.

The closing pages of the work are specially devoted to the subject of treatment, upon which the conclusions are chiefly of a negative value. We quote, in closing, the resumé of treatment, as follows:

"Resumé of treatment of Epilepsy.—The first essential is diagnosis: organic disease of the brain, diathetic disease, and eccentric convulsions must be eliminated carefully; we must know what it is that we have to treat. The next point is to ascertain the actual condition of the patient between the paroxysms; it is simply absurd to order medicines because the case is 'epilepsy.' Patients may be formed into groups for this purpose. In the *first* of these we place those individuals whose mental faculties and whose general health are

unimpaired, and who exhibit no striking alterations of motility. These cases are, so far as I have seen, incomparably the least tractable; and what can be done for them is, comparatively speaking, little. Diet, regimen, and counter-irritation are of more value than medicine; for in regard of the latter we are more or less shut up to those drugs which are supposed to exert some sort of specific influence, such as oxide of zinc, &c.

"In a *second* group I would place those cases the prominent feature of which is mental incapacity; and for their treatment the measures already described will, I think, be found most serviceable.

"The *third* class consists of those whose general health is impaired, and who require various kinds of management. If there is anaemia, with cold extremities; generous diet, warmth, stimulants, and iron are the most valuable of our aids. Quinine, or cinchona bark, may be added if there is general feebleness. The digestive and secretive functions, together with the excretions, require the first attention in other cases; whereas in some, uterine derangements necessitate correction. To attend to these points is of more utility than to administer so-called "anti-epileptics."

"In a *fourth* group there are evidences of exalted irritability of the nervous centres; and these demand the first attention. The various sedatives, enumerated in the early portion of this chapter, may be given, and with most marked improvement."

THE PARISH WILL CASE.*

THE protracted litigation regarding the Parish Will was, at last, brought to a close in June of the present year, and the decision of the Court of Appeals has been given. Aside from the general attention excited by the proceedings, from the character of the parties engaged, and the amount of property involved, the case possesses peculiar importance to those interested in the jurisprudence of insanity. We shall attempt to give simply an outline of the case, consisting of a brief statement of the facts, and of the testimony regarding the mental condition of Mr. Parish, with some extracts from the opinion of the Court, delivered by Judge Davies. This, it is conceived, will present the chief points of the controversy, and show the bearing of the decision upon them, and especially upon the vexed question of testamentary capacity.

Mr. Parish first made his Will on the 20th of September, 1842. He was then fifty-four years of age, in good health, and in the full possession of all his faculties; and the dispositions of his property were made deliberately and after frequent consultation with his legal adviser. He was married, but had no child, and none was ever born to him. Of the immediate relatives of his own blood, two sisters and two brothers were then living. His property at that time was estimated at \$732,879.

By the Will he bequeathed to his wife \$331,000, or nearly one-half of his whole estate. To his sisters he gave legacies of \$20,000 each. To various more distant relatives, to kinsmen of his wife, and to personal friends he gave legacies amounting in the aggregate to \$290,000, of which \$85,000 was bestowed upon his wife's relations. The residue of his

* "The Parish Will Case in the Court of Appeals: Opinion of the Court and of the several Judges." New York: D. Appleton & Co. 1862.

estate he gave to his two only surviving brothers, James and Daniel, besides a legacy of \$10,000 to Daniel as executor. Had Mr. Parish then died this residue would have amounted to about \$37,000. The dispositions made by the Will were declared to apply to all property then owned by the testator, and to all that might be thereafter "acquired by purchase, descent, distribution or otherwise."

During the next seven years Mr. Parish's property was largely increased by accumulation and from other sources, and within the same period several legacies lapsed by the death of the legatees, children of Mr. James Parish. If the Will remained in force, all these additions to the estate, including the lapsed legacies, fell within the residuary clause, and would contribute to increase the share of the brothers, James and Daniel. Of this fact Mr. Parish was fully aware; he consulted his counsel upon the subject, and expressed himself satisfied when informed of the legal effect of the death of the legatees mentioned above, and up to the time of his apoplectic attack in 1849, he evinced no intention of making any alteration in his Will, although upon the first of July, 1849, the residuary estate had increased in value until it amounted to nearly \$300,000. Upon the 19th of July, 1849, Mr. Parish was prostrated by an attack of apoplexy—whether after this attack he ever possessed testamentary capacity was the chief point at issue in the case.

On the 29th of August, 1849, Mr. Parish executed a codicil, prepared at the suggestion of his wife, by which she became devisee of certain real estate valued at about \$200,000. This codicil was reexecuted on the 17th of December of the same year. In September, 1853, in accordance with instructions from Mrs. Parish, a second codicil, incorporating the first, was prepared and executed, by which, in addition to the former bequests, the testator gave to Mrs. Parish personal property to the value of \$349,460, and gave also \$50,000 to be divided among certain charitable institutions. In this codicil the appointment of Daniel Parish as executor was revoked, as well as the legacy of \$10,000 given to him by the Will. On the 15th of June, 1854, a third codicil was prepared, also at

Mrs. Parish's suggestion, and executed as before; by which the testator revoked the residuary devise to his brothers, and substituted Mrs. Parish as devisee of the whole remainder of the estate.

Mr. Parish died March 2d, 1856. From the time of his attack in 1849, to his decease, his wife was scarcely ever absent from his presence, and she and her relatives were his constant attendants, to the almost entire exclusion of his own relatives, between whom and himself, up to this period, there had never been any manifestation of hostility, or indication of a want of mutual family affection.

Shortly after the testator's death the Will and codicils were offered for probate before the Surrogate of New York, and, after a long hearing, the Will and first codicil were admitted to probate, but the second and third codicils were rejected. This decree was affirmed at a General Term of the Supreme Court, and the Court of Appeals has sustained that decision.

The greater part of the voluminous testimony taken in the case, had reference to the mental condition of the testator, of which the following are the essential features, and those which seem to have exerted most influence in the decision of the Court.

The alleged loss of understanding on the part of Mr. Parish, was, as usual, dependent upon physical disease. He had threatening of cerebral disturbance for several years before his attack of apoplexy and paralysis in 1849, and had hereditary tendency to disorders of that nature. The shock of this final attack rendered him insensible and convulsed for several hours. It was soon discovered that his right side was paralyzed. His physician characterized the seizure as "hemiplegia," leading to "defect of motion, not of sensation;" and implicating "the right arm and the right leg, and also the organs of speech." He subsequently acquired a slight control over the right leg, but the arm, which improved somewhat for the first six months immediately succeeding the attack, afterwards entirely lost its power. The left arm and leg were not permanently affected by the paralysis.

It is stated that Mr. Parish recovered, in a considerable de-

gree, his strength after the first shock, and that during the remaining seven years of his life he enjoyed good, but not uninterrupted health. He suffered from a severe and painful disease of the bowels in October, 1849; subsequently, he had a number of attacks, "distinct from the general disease, but the most frequent dependent upon its cause, or, in other words, dependent upon the condition of the brain which led to the disease."

"He had one or more severe attacks of cholera morbus, one or more of inflammation of the lungs, an abscess formed at one time under the jaw, which became so large as to threaten suffocation, and there were several minor attacks from time to time."

In addition to these disorders, ever after his apoplectic attack, Mr. Parish was subject, at irregular intervals, to spasms or convulsions, the intervals extending from one or two weeks, to six months, and even a year. Their approach was preceded by despondency and irritability on the part of the paralytic, and after the convulsion had passed off, he was generally better and brighter than he had seemed before. The convulsions are described as commonly coming on suddenly, with a noise in the throat, resembling a shriek or scream, a violent reddening of the face, and a convulsion of the whole body—the muscles becoming alternately rigid and relaxed. Some of these paroxysms were so violent as seriously to threaten a fatal result. It was the opinion of Mr. Parish's attendant physician, that these convulsions were "connected with the condition of the brain, left by the apoplectic attack." The main feature of Mr. Parish's final illness was congestion of the lungs, but it was a complicated disease depending also, in the opinion of his physicians, upon the condition of the brain.

His power of speech was mainly abrogated on his first attack, and from that time to his death he was never able to utter anything except a few imperfectly articulated monosyllables. These were principally "yes" and "no," which he pronounced very imperfectly, and there is even great doubt whether he ever uttered them intelligibly. He expressed

himself most frequently by the use of inarticulate sounds. These are described by the witnesses as sounds resembling the syllables, "yah, yah, yah," "nyeh," "nin, nin," "yeah, yeah, yeah," and others of a similar character. He accompanied these sounds by gestures and motions of the left hand and arm, and by nodding or shaking his head. The gestures usually consisted in his waving his hand in different directions with his fingers extended, putting his fingers in his mouth, or raising his hand and shaking it. The external senses, feeling, hearing, and smelling, do not appear to have been seriously affected. His eyesight was always more or less imperfect.

He would occasionally look at books and papers, but the preponderating evidence was that he could not read at all. An attempt was made to induce him to write with his left hand, but after several trials with paper, slate and blackboard, which, in one or two instances, resulted in his writing after a copy, the first few letters of his name in very doubtful characters, the attempt was abandoned. Block letters were procured, but he would not use them and pushed them away. A dictionary was suggested but, whether the trial was ever made or not, he never adopted that method of communicating his ideas. It was the constant practice of Mr. Parish's nurses, in accordance with his wife's directions, to read the newspaper to him, but the proponents failed to prove that he ever manifested comprehension of what was thus communicated, or exhibited any intelligent interest in the reading.

Subsequent to the attack he was never entrusted with the management of his own affairs, nor allowed to have money in his possession. He could not supply his own wants, and was washed, dressed and attended at table like a child, and was even frequently unable to control his evacuations. His wishes, as might be expected, were not easily ascertained. He expressed by the inarticulate sounds and motions before referred to, that he desired something, and various suggestions would be made by those attending him until he expressed assent, though it often happened that it was utterly impossible to comprehend him, and the attempt would be abandoned by

both parties. He would also assent to contradictory suggestions.

Before his attack Mr. Parish is described by his relatives and acquaintances as a "placid and unexcitable man," of great self-respect and with great command of temper; "his manners were mild, gentle and unruffled;" a quiet, undemonstrative gentleman, rarely exhibiting any emotion and deeply absorbed in his commercial transactions. After his attack he manifested a marked change of disposition; he occasionally shed tears; he became petulant, and frequently violent, and, in several instances, exhibited a want of appreciation of the requirements of decorum and even of decency. He had occasional unmeaning freaks and caprices, such as searching for his clothes in impossible places, going out to see the moon, and making excursions to the garret and the cellar, for no ascertained purpose; and it sometimes became necessary to use physical force to prevent him from undertakings which threatened his personal safety.

He exhibited some recollection of his former daily and familiar places of resort, and of his former habits of business, which he would attempt, in trifling matters, to resume, as, by pulling out his watch when he passed the City Hall clock, or insisting, when driven out, upon being taken to the Bank of which he was once a director, or to his old office, or to various tradesmen with whom he had been in the habit of dealing. In addition to these, the proponents, who contended that Mr. Parish's intellect was never materially impaired, brought forward many particular instances in which it was claimed that he manifested undiminished intelligence. One or two of these may be mentioned.

It was said by one witness: "Having been riding out of the city, he would take his watch out of his pocket, look at it, turn round and look at me, when I would ask him if he wished to return; if it was late or about his usual drive he would say 'yes,' and nod his head." Elsewhere the same witness says, "I recollect, on one occasion, the dining room clock was run down; when he pointed at the clock, I perceived that it had stopped; remarked to him that it had

stopped, and I would wind it up, when he nodded his head." An old acquaintance testified that he recalled to Mr. Parish a ridiculous circumstance that had happened to them in company, many years before, and that Mr. Parish "gave him to understand" that he recollected the circumstance, and laughed at it quite heartily. These instances, however, of which the above are specimens, were isolated, and taken together were not deemed of sufficient significance to avoid the conclusion derived, from the facts before stated.

In regard to the actual execution of the codicils, it seemed that the counsel employed to prepare them, read them to Mr. Parish in the presence of the subscribing witnesses, put to him the requisite formal questions, and received from him, by sound and gesture, as usual, what were supposed to be affirmative replies. The counsel then assisted Mr. Parish by guiding his hand while he made his mark. At least this was the case at the execution of the first and second codicils; there was no evidence whether or not he received assistance in making his mark at the execution of the third.

Such were the main points of the case presented to the Court of Appeals. The opinion of the Court was delivered by Judge Davies, from which we quote the comments upon the facts we have narrated, and the conclusions in which the majority of the Court concurred.

After adverting to the change in Mr. Parish's disposition after his attack, Judge Davies says: "How diametrically opposite to the previous conduct of his whole life is that now exhibited. And the inquiry forces itself upon the mind, what cause has produced such results? Can such totally inconsistent and opposite characters be reconciled with the theory that the faculties, the mind, and moral perceptions of Mr. Parish underwent no change, but were the same after July 19th, 1849, as they were before that day? * * * * * We confess ourselves totally unable to assent to any such theory. The conviction on our mind is clear, that these facts, and circumstances show unerringly, that the attack of July 19th, obliterated the mental powers, the moral perceptions, the refined and gentle susceptibilities of Henry Parish; that

after that period he ceased to be the mild, intelligent and unruffled man he had been theretofore, and that thereafter he was not morally responsible for the unbecoming and ungentlemanly conduct he so frequently exhibited. He then ceased to be Henry Parish and was no longer an accountable being." Upon the point of Mr. Parish's method of communicating his ideas, Judge Davies says: "With these imperfect media for ascertaining the thoughts of Mr. Parish, it is doing no injustice to any one to assume that they have been mistaken when they supposed that they correctly understood him. We more naturally and readily come to this result, because we find that all who had any intercourse with Mr. Parish, on many occasions, found great difficulty in understanding his wishes and thoughts, if they even understood them at all; and the instances are frequent and clearly established where he often made an affirmative and negative motion of his head, immediately succeeding each other, to the same question, leaving the inquirer in perplexity which he really intended.

* * * * *

"All the testimony shows that he could only indicate with his fingers and hand, or by sounds, that he wanted something, or that something was the matter, and which motions or sounds were construed by those around him as evidences of his wish to put a question, whereupon they began to suggest various topics, and when they thought they perceived that they had hit upon the subject in his mind they supposed he wished to inquire about, they put such questions as suggested themselves to them, and to which they supposed they had received affirmative or negative answers. If Mr. Parish had no power to express a wish to destroy a Will, it follows he had none to create one, and the manifestation of his wishes depended *entirely upon the interpreter and the integrity of the interpretation.*

"It is thus seen that great difficulty and uncertainty, to say the least of it, attended any expression of the thoughts or wishes of Mr. Parish, and that a large number of those having business or intercourse with him, utterly failed to attach

or obtain any meaning to his signs, sounds, motions, or gestures. The natural and obvious deductions to be made from all these facts and circumstances are, that Mr. Parish had no ideas to communicate, or, if he had any, that the means of doing so, with certainty and beyond all cavil and doubt, were denied to him."

After referring to the testator's failure to communicate by writing, or by the use of any artificial means, Judge Davies states the final conclusions, as follows :

"To what result does this review of the facts and circumstances in this case, adverted to and commented on, lead the mind? On a careful consideration of them all, with a most anxious desire to arrive at a just and correct conclusion, we are clearly of the opinion that the attack of Mr. Parish on the 19th of July, 1849, extinguished his intellectual powers, so obliterated and blotted out his mental faculties, that after that period he was not a man of sound mind and memory within the meaning and language of the statute, and was therefore incompetent to make a Will. * * * * *

"It is not the duty of the Court to strain after probate, and especially to seek to establish a posterior Will, made in conceded enfeebled health, unsustained by previous declarations of intention, over a prior Will, made in health, and with care and deliberation, when the provisions of the posterior Will are in direct hostility and conflict with those of the prior one. * * * * *

"It would be in violation of long and well established principles, and an almost uniform and unbroken current of decision in England and in this country, to admit to probate testamentary papers, prepared and executed under the circumstances these were, by a man who was in apparent full physical health, and possessing nearly his natural strength, who could not or would not write, who could not or would not speak, who could not or would not use the letters of the alphabet or even a dictionary, for the purpose of conveying his wishes, upon proof solely that they were supposed to express the testator's wishes, from signs, gestures and motions made by him, and especially when it appeared that such

signs, gestures and motions were often contradictory, uncertain, frequently misunderstood and often not comprehended at all."

Judge Davies states at length the three principles of law which he conceived to be applicable to the case. The first regards testamentary capacity, the second the burden of proof, the third the maxim *qui se scripsit, haeredem*. The chief interest and importance attaching to the decision, turn upon the discussion of the first of these—the doctrine of testamentary capacity.

Up to the present time the well known case of *Stewart vs. Lispenard*, decided in the Court of Errors in 1841, (26 Wend. 255,) has been held to be of binding authority. The rule of testamentary capacity, there adopted, was extremely rigorous, and the proposition was sustained that, in passing upon the validity of a Will, Courts do not measure the understanding of the testator, but, if he have any at all, and be not an absolute idiot, totally deprived of reason, he is the lawful disposer of his own property, and his Will stands as a reason for his actions. This doctrine is repudiated, or at least, modified in the *Parish Will* decision, and the *Lispenard* case expressly overruled. In the language of the opinion, derived from various high authorities, the testator must have "sufficient capacity to comprehend perfectly the condition of his property, his relations to the persons who were, or should, or might have been the objects of his bounty, and the scope and bearing of the provisions of his Will. He must have sufficient *active memory* to collect in his mind, *without prompting*, the particulars or elements of the business to be transacted, and to *hold them in his mind* a sufficient length of time to perceive at least their obvious relations to each other, and to be able to form *some rational judgment* in relation to them."

This is receding from an extreme, and perhaps a dangerous position, hitherto occupied by the court of last resort; and the establishment of a more rational doctrine. To hold, as a settled rule of law, that testamentary capacity exists where there is even "a glimmering of reason," is scarcely in accordance with an enlightened system of jurisprudence, or

even with the dictates of ordinary common sense. The reasoning of the *Lispenard* case, (and the same general course of argument was adopted by the proponents of the Parish will,) was based upon the interpretation of the words, "non sane memory" in the English Statute of Wills, whence our revisers obtained the phraseology of our own. Coke (1 Inst. 246 b,) explains the meaning of these words to be equivalent to that of "non compos mentis," and says that these last include but four classes of persons, viz., idiots, lunatics, those temporarily deprived of reason (as when one is drunk,) and those who by sickness, grief, or other accident, have "*wholly*" lost their "understanding." From various authorities, the old abridgements, definitions in text writers, and the dicta of some judges, it was gathered that one was not accounted to have "wholly lost his understanding" until he became an idiot, so that he could not "tell his own name or count twenty," and therefore that any one possessing a higher degree of intelligence than this, was not "non compos mentis," and was not disabled from making a Will.

It is to be observed that this reasoning was partly based upon the fact that the old legal definition of an idiot, sanctioned at a later day by Blackstone, was that the idiot was one who had "no understanding to tell his age," etc., no "glimmering of reason;" but, of course, it does not necessarily follow that, because idiots have wholly lost their understanding, all who have wholly lost their understanding are idiots. Many expressions are to be found in the ancient authorities even, besides the few early cases directly in point, which seem to imply that a wider signification was originally attached to the phrases, "non compos mentis," and "wholly deprived of understanding," than the *Lispenard* case allowed them.

In Plowden, (368, b.,) per Saunders, Chief Justice, it is said that "idiots, lunatics, and those who have lethargy are included in the words not sane memory, as well as madmen." The word "understanding," itself, means more than the capacity to count twenty or tell one's own name. Burton, a contemporary of Coke's, in the *Anatomy of Melancholy*, defines the understanding to be "the rational power of apprehending,"

and thereby doubtless expressed the popular, ordinary meaning of the word and the sense in which it is not improbable that it was used by Coke. Lord Erskine says upon this point (12 Vesey 445)—“have wholly lost their understanding. What is the meaning of that? In the case of the unfortunate man who fired at the King in the theatre, the Attorney General contended that he ought to be proved to have wholly lost his understanding. So he had, but that does not require such a state that he could not see the light of the sun, or know his own father.”

Lyndewode, in the *Provinciale*, published before the English Statute of Wills, writing of the ecclesiastical law of England, says, in an enumeration of those who may not make Wills: “secondly, those not having *sufficient* understanding, as an infant, madman, *mente captus*, and prodigal.”

In the ancient commission, in the nature of a writ *de lunatico inquirendo*, and in other writs of a similar character, the forms of which are given in the Reister Breviarum, the jury are directed to inquire whether “*A idiota et adeo impotens ac mentis suæ non compos existet quod regimini sui ipsius terrarum, tenementorum, bonorum, et catallorum, suorum non sufficit.*” Although, according to Lord Lifford (1 Ridgeway, Cases in Par. 528,) the latter part of this is not strictly descriptive, but explanatory of the reason of the commission, the form is not without significance. The words, taken by themselves, at least seem to convey an intimation, that if the jury found the alleged lunatic utterly incompetent to manage “himself, his lands, tenements, goods and chattels,” they would be justified in returning him “non compos mentis,” though he, at the same time, possessed, more capacity than an absolute idiot.

Among the early authorities quoted in support of the Lisenard doctrine, there are none where the *facts* of the case at all support such an extreme rule.

Osmond vs. Fitzroy (3 P. Will. 129) was simply the case of a young nobleman, who although of less than average intelligence, possessed ample capacity for the ordinary affairs of

life, and whose bond, rather indiscreetly given, was sustained in the absence of proof that it was fraudulently obtained.

In *Willis vs. Jernegan* (2 Atk. 251,) the Court merely refused to grant relief from the consequences of an imprudent bargain.

In *Beverly's case*, (4 Coke 123) and *Bamsley's case*, (3 Atk. 168) the only points which came up for actual decision were irrelevant to the question of the standard of legal capacity.

It was from the expressions used in rendering the decision in some of the above cases, from the marginal notes, and the definitions already mentioned, that the *Lispenard* doctrine seems to have arisen. It was quite broadly stated, though by no means *applied* with such severity, in several instances in this State before the *Lispenard* decision, which instances, served in turn, as precedents for the advance to the extreme position there taken. (See *Van Alst. vs. Hunter*, 5 J. Ch., R. 160; *Jackson vs. King*, 4 Cowen 207; *Odell vs. Buck*, 21 Wend. 142.)

On the other hand, the counsel for the contestants of the *Parish Will* cited, among the early authorities, cotemporary with these which were claimed to support the doctrine of *Stewart vs. Lispenard*, several cases in which a different rule was distinctly laid down. Coke himself, says in *Winchesh-er's case*, (6 Coke R. 23,) "by law it is not sufficient that the testator be of memory when he makes his Will, to answer familiar and usual questions, but he ought to have a disposing memory, so that he is able to make a disposition of his lands with understanding and reason." So in *Combe's case* (Fr. Moore R. 759,) the dictum of the Court is directly opposed to the *Lispenard* doctrine, and has the advantage over the dicta, which seem to support the latter, in being explicit and capable of but one construction.

As soon as we leave the ancient law and examine the course of modern adjudication, there can be but little dispute as to the direction which that course has taken. Almost the whole weight of argument derived from the modern decisions in England, and in our sister States, is upon the side of the rule stated by Judge Davies, and supported by the authority of

such jurists as Sir John Nicoll, Lord Kenyon, Dr. Lushington, Lord Erskine, and Chancellor Walworth.

The result would seem to be that the decision in the *Lispenard* case was founded upon a too strict interpretation of the language of the early authorities, and it is gratifying to know that it has been overruled. The logical and unavoidable conclusion from that doctrine is, that whoever can tell his own name or count twenty has legal capacity to make a Will disposing of millions. The absurdity of this is manifest. We have endeavored to show that even in the early law there is great doubt whether such an extreme rule ever existed, but, even if such were the case, at a time when mental manifestations had not been an object of scientific inquiry and mental disease was imperfectly understood, the sanction of the rule can scarcely be invoked at the present day.

While, however, the position assumed in the *Lispenard* case has been abandoned, the Courts, in the absence of any suspicious circumstances, would doubtless require proof of a very low degree of capacity before setting aside a Will *on that ground alone*. But in stating *what* degree of mental alienation will avoid a Will we are confronted by a difficulty inherent in the very nature of the subject. In fact no accurate test can be given by which to gauge the understanding. The human mind is not susceptible of measurement. Its manifestations are so complex and subtle, and of such infinite diversity that none can be selected as invariably indicative of a certain amount of intelligence. The *Parish Will* case, while it lays down a more rational rule for deciding questions of testamentary capacity, than that previously established, is perhaps more important as overthrowing the arbitrary standard of the old rule, than as erecting another. Does the matter admit of an exact standard of any kind? After all is said, can testamentary capacity be accurately stated in more definite terms than those of the statute—"sound mind and memory?" The meaning of these words may be *illustrated* by particular instances, but can the condition indicated by them be more precisely *defined*, so that the definition shall remain of universal application? Experience seems to show

that, in a given case, a man of ordinary intelligence, upon a candid investigation of the facts, can form an opinion of this or that person's soundness of mind, which is sufficiently to be relied upon to direct judicial action. This is the most that can be expected in a matter of fact so difficult to discover, and it is doubtful whether any rules can be given, or tests proposed, which would materially aid or influence the formation of such an opinion.

One volume of the proceedings in the Parish Will case is occupied by the opinions upon Mr. Parish's mental capacity of several eminent physicians, some of them distinguished medical experts, to whom the testimony was submitted, and forms a valuable contribution to medical learning.

The most elaborate opinion, embracing three hundred and fifty pages, was given by Dr. John Watson, of the New York Hospital, which displays profound research and the most careful study. With an analysis of the testimony, he gives a complete account of apoplexy and hemiplegia, in their relations to unsound mind, and satisfactorily supports his conclusion "that the organic disease of the brain was the determining cause of all Mr. Parish's ailments; and that the loss of control of his body and limbs, with the various complications of disease attending this, was merely the external evidence of an internal disorganization involving the functions of the mind and body and destroying the integrity of the former." Consequently "that Mr. Parish was, from the primary occurrence of paralysis in July, 1849, permanently and irrecoverably disabled from executing any document of binding force."

The late Dr. Luther V. Bell, of Charlestown, Mass., one of the ablest and most experienced American experts in insanity, after full examination of the testimony concludes his opinion as follows :

"We think we see clearly a progressive tendency of disease in the brain, commencing with *vertigo* (and which might have been connected with hereditary predisposition) manifesting itself in the slighter attacks in Europe, and coming to a climax in the overwhelming stroke of apoplexy, in July, 1849. That there were other and more extensive pathological changes in the brain than such as pure, uncomplicated apoplexy would

occasion, appears highly probable. Indeed, this is nearly certain, for he had from an early period in his disease, very frequent and severe paroxysms of epilepsy. These were so well marked, so perfectly in accordance with the universally recognized manifestations of this not uncommon malady, that one is entirely at a loss to understand why any question is made as to their character, or why the fits should be called 'spasms,' 'spasmodic,' or 'epileptiform.' They were plain, every day epilepsy, nothing more, nothing less.

"There is no evidence that he was subject to epilepsy prior to the decisive apoplectic fit. There is no reason to believe that the specific cerebral lesion, which accounts for apoplexy and its consequent palsy, is ever the cause of or connected with epilepsy. The two diseases, coëxisting, it is highly probable that an augmenting cerebral disease, after inducing apoplexy, perhaps by increasing the circulation within the cranium, or weakening the strength of the vessels, or other incidental cause, went on to produce these epileptic fits.

"I consider that epilepsy occurring as a sequence of apoplexy, would be a most probable ground of belief that extensive disease existed within the brain. And it is hardly necessary to observe, that while some occasional examples of lesion, especially of one hemisphere of the brain, with no mental impairment, are reported, the general law is the reverse.

Where organic brain disease exists, the functions of the organs are impeded; the intellect is perverted or weakened.

"Even the continuance of epilepsy for a few years in its mildest and most uncomplicated forms, as most general experience amply shows, is not compatible with soundness of mind. The powers of observing, reflecting, comparing, judging, are enfeebled and lost, constituting progressively the various stages of dementia or imbecility—a form of mental impairment running through a wide scale of gradations, until it terminates in almost vegetative fatuity.

"It is worthy of observation, as an important ground to infer the existence of extensive brain disease in Mr. Parish from a very early period, that the constant recurrence of these intense epileptic seizures did not seem, from the evidence of those who looked upon him as intelligent, to have affected his intelligence. He is represented as just the same from the first to the last.

"If, as is most probable, his mind was reduced to a deep grade of dementia, ever after his first attack in July, 1849, and that the belief in his having mind was due to a misinter-

pretation of his sounds and motions, and a self-deception in thinking they meant something, this uniform dead level, this absence of change, under fits, sometimes as frequent as every ten days for many years, is accounted for. But on the assumption that he was perfectly himself, as several of the witnesses believe, from within a few weeks after the apoplexy to within a brief period of his death—undergoing in all that time no deterioration, certainly his case is anomalous and contrary to all ordinary experience.

“To fix upon the degree of imbecility which existed, becomes an important element in deciding upon his competency to execute a valid testamentary instrument. As he could neither speak, nor write, nor communicate, except in a method which, as we have shown, it was extremely difficult to say carried light from the mind within, and was most liable to induce mistake, it is scarcely practicable to say from what he actually did, how low the grade of mental power was. A patient who writes disconnected, incoherent jargon, indicates his mental change at once; one who has a power of ready muscular movement, may indicate his dementia by the absurdity and grotesqueness of his gesticulation, or he may show, by placing himself in positions of danger, that he is reduced below the point at which the instinct of self-preservation remains. To witness an intoxicated man dancing on a railway while the train was approaching, would leave no place for doubt as to his mental incapacity. But when an individual is too much physically diseased to walk, when every effort at muscular motion is avoided, when, from some cause, he can neither speak, write, or communicate in any of the usual ways of such invalids, we must look at all we have—the mere passive indications, and see what they suggest or prove. As an expert in mental disorders, I am ready to stake any reputation I may have, in saying that I regard *the circumstances connected with Mr. Parish's involuntary, disregarded evacuations, as pathognomonic of his condition.* I say that the symptoms alone of a man eating his dinner with augmented rapidity, and fumbling at the same time at the opening of his pantaloons when an involuntary faecal evacuation was about to occur, are precisely such as extremely demented persons constantly exhibit, and such as no others than such demented subjects ever would manifest. Were I *a priori* to lay down the most significant characteristic symptom of such dementedness in cases otherwise in doubt, I could devise nothing more graphic, or more certainly denoting that condition.

"If demented, there can be no more sure proof that it was of that extreme grade which would allow little further deterioration. As there seems scarcely any evidence of change from first to last, it necessarily follows that, if demented, it was continuous and uninterrupted, as well as complete.

"Such is my full belief. And under the whole evidence in the case, in my opinion he never had any comprehension, clear or obscure, sound or perverted, of what he was doing when these codicils were executed, and that they do not in any sense represent any rational act of his own."

Dr. Isaac Ray, of the Butler Hospital, after a full and clear analysis of the evidence, gives an equally decided opinion. He says, "in consequence of the apoplectic attack in 1849, the power of speech was lost and the mind was greatly impaired during the rest of his life. This impairment was sufficient to render him incapable of any transaction requiring any exercise of thought."

Opinions were given also by Dr. D. T. Brown, of Bloomingtondale Asylum, Dr. Pliny Earle, formerly of the same institution, Dr. M. H. Ranney, of New York City Lunatic Asylum, and Sir Henry Holland, Bart., M. D., of England, equally conclusive, that Mr. Parish, from organic disease of the brain, was mentally incapable of executing a Will. The only opposing opinion was from Prof. Alonzo Clark, of New York, whose objections, however, were fully answered by Dr. Watson.

GERMAN PSYCHOLOGY.

1. *Transactions of the German Society for Psychiatry and Judicial Psychology.* Published by the Members of the same. Vol. V., 1862.
2. *Pathology and Therapeutics of Psychical Maladies: for Physicians and Students.* Prepared by Dr. MAXIMILIAN LEIDESDORF, Teacher of Psychiatry, etc., etc. Erlangen: 1860.
3. *General Pathology of the Mind.* By Dr. ADOLPH WACHSMUTH, Private Teacher of General Pathology and Clinical Medicine, etc. Frankfort: 1859.

4. *What is the Cause of the increasing number of Suicides in modern times, and what are the means to prevent the same: one of the prize questions of the South-German Psychiatrical Society; open to Physicians and Laymen.* By Dr. E. SALOMONS. Bromberg: 1861.
5. *Idiocy and Institutions for Idiots: with a particular view of their condition in the Kingdom of Hanover.* By Dr. GUSTAV BRANDES. Hanover: 1862.

OF the extent of German psychological investigations during the last half century, English readers and psychologists appear to have a very faint conception. This arises no doubt from the fact, that but few English or American psychologists are sufficiently familiar with the German language to read readily and understandingly a treatise on the subject, and but few of their works have been translated into English, though some of them are known to be of transcendent merit. The library of the N. Y. State Lunatic Asylum, embracing as it does those of the late Drs. Brigham and Beck, and numbering several thousand volumes, embraces undoubtedly the largest collection of psychological works in America, if not in the world, and though containing many valuable works on psychology in the original German, has scarcely a translation.

To most English readers therefore, the extensive and profound labors of the Germans in this department, are a sealed book. The French language, on the contrary, though by no means the key to a richer treasury of psychological knowledge, is more generally read, and consequently more French psychological investigations are brought forward.

The pages of the *Annales Medico-Psychologiques* are familiar to most English and American psychologists, and through these we are furnished with a synopsis of French investigations; while the *Zeitschrift für Psychiatrie*, equally able and standing in the same relation to German psychology, is little known, and until very recently seldom quoted from in the pages of English psychological journals.

From the eminence of the Germans in all matters literary, moral and scientific, from the peculiar constitution of the

German mind—their plodding, patient research into the most abstruse subjects—we are naturally led to expect that the subject of psychology has received due attention, and such is undoubtedly the fact; for not long since in looking over a bibliographical enumeration of medical works published during the last half century in Germany, we were surprised at the amount that has been written by the Germans on Psychology. This was what might have been expected. Germany has been called most truthfully the “*land of thought*,” and quite as emphatically it may also be designated as the *land of monographs*. The latter are the natural offspring of the former.

The German fixes upon some subject or branch of a subject and proceeds at once to an exhaustive investigation of it; vast erudition is brought to bear upon it, every phase of it is carefully considered, and when all the knowledge gathered from an extensive range has been brought to the elucidation of it, and the writer has given his neatly printed, paper covered, unpretentious looking book to the world, we feel, on perusal, that in the present state of our scientific knowledge little more can be said upon the subject.

The monograph on Pyromania, by Dr. Jessen, which has lately been noticed *in extenso* in this Journal, may be taken as illustrative of this remark. The writer seems to have posted up and added to his own observations all that has been recorded of interest in relation to his subject since it first attracted the attention of medical men. And this remark is equally applicable to many other German books which have come under our observation, some of which we propose to glance at in the sequel, and the titles of which have been translated above. For a number of the monographs here mentioned we feel called upon to acknowledge our indebtedness to Dr. J. B. Chapin, of Brigham Hall, Canandaigua, formerly Assistant Physician at the New York State Lunatic Asylum, who received them we believe from his friend Dr. Pollok, of the Army Hospital Staff, and a native, we believe of Germany.

1. *Transactions of the German Psychiatrical Society, &c.*

The first article in this number of the Transactions is devoted to a review of the work of Dr. Brandes, on the spread of Idiocy in the Kingdom of Hanover, with an abstract of some of the author's curious and interesting statistical tables. We ourselves intend to notice the work of Dr. Brandes in the proper place.

The second article is entitled "Tetanus with Mental Disturbance: a judicial case, by Dr. Santlus." In this case a young school boy, aged 13 years, was seized with tetanic spasms and mental disturbance, after having been maltreated by his school companions. He had also suffered from excessive muscular exertion, exposure to the sun, &c. which circumstances were also supposed to have operated upon an excitable nervous organization, in calling up the phenomena in question. He was an intelligent lad, always at the head of his class, but timid and easily shocked. The case is an interesting one, fully reported, and occupies about twelve pages of the Transactions.

Article third is "Upon the Condition of the Urine in the Insane, by Dr. Voppell." It is an elaborate paper of 40 pages, made up chiefly of tables recording the condition of the urine as to color, specific gravity, acidity, alkalinity, &c., in various forms of mental disease. The observations appear to have been carefully made and recorded, and conducted thus may, when sufficiently extended, lead to some valuable practical results.

The last paper in this volume of the Transactions is devoted to "Casual Diseases of the Nervous System," and is by Dr. A. V. Franque.

2. The monograph of Dr. Leidesdorf, *On the Pathology and Therapeutics of Psychological Diseases*, appears to have met a want which has long been felt in this country, as well as in Germany, viz., a clear and concise treatise on mental diseases, intended especially for the use of students and general practitioners. The author in his preface remarks most truly that, "Practical physicians are frequently placed in circumstances where they can call no specialist in consultation over cases of insanity, and must themselves assume the responsibility of

their early treatment, and it can be maintained with great truthfulness, that the ultimate result, favorable or unfavorable, of cases of incipient mental disease, hangs in a marked degree, upon the judicious or injudicious treatment adopted by the general practitioner into whose hands the patient first falls." This want Dr. Leidesdorf has endeavored successfully to meet, and we only wish his book could be translated and find a place on the library shelves of every general practitioner in this country, as well as in Germany.

The doctor treats his subject under the following heads :

- I. Seat and Elementary Conditions of Psychological Maladies.
- II. Ætiology of Psychological Maladies.
- III. Division of the same.
- IV. Conditions of Depression.
 - A. Hypochondria—Treatment.
 - B. Melancholia—Treatment.
- V. The MANIACAL—or the Condition of Exaltation.
 - A. Raving madness (Tobsenchtigen)—Treatment.
 - B. Mania—Treatment.
- VI. Condition of Psychological weakness.
 - A. Silliness.
 - B. Dementia—Treatment.
- VII. Paralytic Dementia—Treatment.
- VIII. Epilepsy and mental disturbance—Treatment.
- IX. Pathological Anatomy.
 - A. Abnormalities of the skull.
 - B. Abnormalities of the membranes of the brain.
 - C. Abnormalities of the appendices.
 - D. Abnormalities of the brain substance.
 - E. Abnormalities of the vessels of the brain.
 - F. Consequences of effusion.
 - G. Abnormalities of the above organs and their relation to the mental disturbance.

3. The monograph of Dr. Adolph Wachsmuth, *On Mental Pathology*, is a very able and comprehensive treatise of nearly 350 pages on this subject. It appears to be what it is designated by the author in his preface, "a faithful picture of the

development of his own psychiatric attainments, in preparing himself to lecture on this branch in the University of Gottengen, which had hitherto been destitute of all clinical instruction in Psychiatry. He says: "I have written down, according as my own acquisitions were formed during a long endeavor to attain an adequate knowledge of psycho-pathological conditions; hoping by it to impart to others, learners as well as practitioners, a more comprehensive knowledge of the subject."

The author, doubtless to accomplish his purpose of a clear, minute, and comprehensive classification of his subject, has treated it under one hundred and nine distinct paragraphs or subdivisions, and each of these subdivisions is not only very concise but at the same time comprehensive. By this means he has succeeded admirably in relieving the reader of that tediousness which sometimes, indeed too frequently, attends the usual continuous mode of treating an obscure scientific subject.

In his introduction he defines the meaning and methods of mental pathology, the seat of psychical maladies, the organ of their activities, and refers to the different schools, spiritualists and somatists.

In book second, under the general head of pathology of the mind, he speaks of the elements of psychical phenomena and the general pathology of these elements, the general mode of conceptions, of recollection, attention, etc.

Under the head of *feeling*, he treats of its general mode of origination, of the meaning of mind, temperament, dispositions, affections, passion, etc. He then proceeds to treat of instinct, aspiration, will, freedom, accountability, etc. In the second book the author thus speaks of the definition of mental disease:

"The definition of mental disease is as difficult if not more so than that of disease of the body, and, as in the general pathology of bodily life, we can here also say, mental diseases are modifications of mental life, which under certain circumstances receive the name of disease."

The author then proceeds to treat of the general mode of

origination of psychical diseases and the symptoms, consequences, etc., of various kinds of mental disturbance.

In his first division of book second, he treats of melancholic disturbances and their consequences in relation to motion, nourishment, conceptions, etc., with some highly interesting illustrative cases, showing that the conduct of the patient, whether criminal or otherwise, is dependent upon the mental affection, and upon erroneous ideas. In the second division of this portion of his book, the author treats of maniacal disturbances, their symptoms and consequences, in relation to sensation, motion, conception, and the conduct of the patient, whether criminal or otherwise. In paragraph 68 the author speaks of the so-called lucid intervals of the insane, particularly in their forensic relations. He remarks that, "the criminal codes of Bavaria and Hanover, hold that if the crime has been done by predetermination during a lucid interval, the condition can be considered as a ground of amelioration, and the punishment cannot be inflicted upon those who have relapsed into the former condition of disease. In this condition of the law the author observes that there lays a two-fold danger, inasmuch as punishment is sometimes made to fall too lightly on crimes committed during a lucid interval of a periodical disease, and sometimes too heavily on those committed immediately before or after such interval."

In the next place the author proceeds to treat of mental delusions, the conditions of origination of sensual illusions, of hallucinations, and the consequences of these, as they occur in individual senses, hearing, sight, touch, smell, etc., and also of contemporary illusion of several of the senses. The above conditions are amply illustrated by cases.

He then proceeds to treat of mania, its manner of origination, meaning, consequences, etc., and what he calls "the attributes of the new I," and of mania in relation to criminal actions, with illustrative cases—mania in complication with general paralysis.

In the last division of his subject the author takes a view of the various conditions of psychical weakness or impair-

ment, their manner of origin, and general symptomatology, in relation to both disposition and understanding. Under this division he treats of 1. dementia, (mental weakness or folly;) 2. confusion, (verwirrtheit,) irritative, acute and apathetic dementia, with illustrative cases.

Under the above classification the author has treated his subject with much learning and ability, and added to German psychological literature a work of standard excellence, and we take our leave of it with the expression of a desire that at no distant date we may see a complete and accurate translation of it into the English language.

4. The monograph of Dr. Salomons on Suicide is one of the essays sent in to the prize committee in competition for the prizes offered by the South German Psychiatrial Society, for the best essay on the question, "What are the causes of the greatly increased number of suicides in modern times, and what are the means of preventing the same."* This essay does not so much discuss the causes of suicide, as the proposition set forth in the first clause of the Society's question, viz., that suicides have increased in modern times, in a ratio out of proportion to the increase of population. This proposition is doubted by Dr. Salomons, who thinks that neither the statistics of our own or former times, justify such a conclusion, and that both are too imperfect to determine the question with any degree of accuracy.

Statistics, however, making due allowance for imperfections, rather tend, in the opinion of Dr. Salomons, to show that suicide has diminished rather than increased, in proportion to the increase of population. Besides, in the opinion of Dr. Salomons, sufficient care has not been taken to separate the statistics of large cities from those of the country.

This, in the estimation of Dr. S., is a matter of much importance, in arriving at any correct conclusions in relation to the increase of suicides in our day, inasmuch, as in the language of Dr. S., suicide is a sure and certain accompaniment of *centralization*, and provided it could be distinctly shown

* The prize was awarded to Drs. Hasse and Hoffbauer.

by statistical tables, that it has increased in modern times, the explanation will be found in political, industrial, and intellectual *centralization*.

That an essay which appears to combat successfully the first proposition set forth in the question given out for discussion, should fail to be crowned with a prize, is by no means strange, and that the author, not having been successful in disposing of the hard earned fruits of his labors in one market, should be found bringing them to another, viz., the bar of public and professional opinion, is also not to be wondered at.

5. The monograph of Dr. Brandes on Idiotism and Institutions for Idiots, though written with special reference to the kingdom of Hanover will commend itself to the humane and philanthropic, whether lay or professional, learned or unlearned, wherever the German language is spoken. In glancing over the 140 pages which make up the treatise, we can not restrain our sympathies with the author in the good work he has undertaken with so much zeal, learning and ability. We can readily believe him, when he says in his modest preface, "The little monograph which I hereby commend to the heart of the reader has sprung from an endeavor to help the unfortunate, weak-minded and idiotic in their most deplorable condition; and to mitigate the sufferings of a class of patients who do not complain, and to speak a word for those who can not plead their own cause."

The following remarks taken from the same preface are quite as applicable to the condition of public feeling in respect to the weak minded and idiotic in this country as in Germany:

"The interest for the improvement of the condition of the imbecile and idiotic in our country is as yet very new, and has taken but slight root even with those who, next to the physicians, must be regarded as its most prominent advocates. Unto such, therefore, are these pages chiefly dedicated, not to place before them any new scientific researches on the question, but for the purpose of reminding them of the humane mission which medicine and science has undertaken, and to impress upon them, that the inward satia-

faction in the exercise of their calling, does not so much consist in the erection of houses of reception, those shining and sounding signs of their achievements—or in the discovery of new vessels, cells, etc., as in the work for the amelioration of the condition of their fellow men.” The author appeals strongly at the same time to laymen and the non-medical public, to contribute by their efforts to the improvement of the condition of the imbecile and idiotic, and speaks of the dissemination of a proper knowledge of the subject as the best means of awakening an interest in it.

The treatise under consideration appears to have been written in accordance with a demand of the committee for the establishment of asylums or educational institutes for the imbecile and idiotic children in the kingdom of Hanover, and the materials were gathered by the author from a journey made by order of the minister of the interior to the principal institutions for idiots in Germany. The statistical tables which accompany the work are interesting, and appear to have been drawn up with much care and pains. But one of the most interesting appendages to the treatise is a colored chart, showing the prevalence of idiocy and cretinism in Hanover, in relation to population, geographical position, etc.

The author has treated his subject at length, under twenty-three distinct heads, first taking up idiocy and cretinism, between which diseases he makes the following distinction: “Idiotism,” says he, “is a symptom of various forms of disease affecting the central nervous system. Cretinism is a constitutional disease, the appearances of which are manifested in various textures, in the brain, in the bones, the skin, the cellular tissue,” etc. “The cretin bears the impress of deep constitutional disturbance of the whole organism, in general deformity of structure, to a degree which is not apparent in idiocy.” He gives the symptomatology, forms and complications of both these diseases, and treats of the development of dementia as an accompaniment of idiocy and cretinism. He also dwells at length on the prognosis, diagnosis, duration of life, manner of death, etc.

From the curious chart which accompanies the work of

Dr. Brandes, it would appear that the spread of idiocy is very different in different parts of Hanover, some portions containing one idiot only to thirteen thousand inhabitants, others one idiot in every thousand, while, as would appear from the chart, some small portions of the Kingdom, strange as it may seem, contain no idiots whatever.

It would appear that extensive efforts are now being made by the public authorities in Hanover to mitigate the sufferings of this unfortunate class, by the erection of asylums and educational institutions for them. And much attention is being devoted to internal construction, management, and to hygienic, medical and moral regulations.

SUMMARY.

LETTER FROM DR. J. PARIGOT.

HASTINGS-UPON-HUDSON, October 2, 1862.

To the Editors of the American Journal of Insanity:

GENTLEMEN: Having lately been favored by Dr. D. Tilden Brown, of Bloomingdale, with the perusal of recent European journals on insanity, my attention was particularly attracted by an article in the *Medical Critic*, (July, 1862,) having for its title "Colonization of the Insane by the Legislature."

According to the spirit of this and other articles, Gheel is evidently the great fulcrum upon which the reform of asylums shall, in the future, be operated. The celebrated writer, Brierre de Boismont, has given an exposition of the historical development of the colonization of the insane, and thus became, from an enemy, one of the warmest defenders of the *free-air treatment*. All this is very well, but when I find this article saying that since my arrival here I have modified my psychological opinions, it goes too far, and is no more warranted in this assertion than in its statement that I proposed asylums should bear upon their portals, *Lasciate ogni speranza voi ch' entrate!* I never said such a thing, even in

my first memoir where Dante's verse is mentioned. And in your esteemed JOURNAL, (January, 1862, p. 339,) is to be found an extract from a paper analyzed in Winslow's *Journal* of last year, in which it is reported that I said, "The great aim of medicine was to make every asylum a hospital for the cure, not a prison for the detention of the insane, and that asylum was a most perfect one, which could rightly have inscribed in great letters above its gates, "*Ici l'on qu  rit pour en sortir au plus vite,*" ("Quick to cure, reluctant to detain.") As you see, it is just the reverse of what the article pretends.

Passing over some opinions on Gheel given by Guislain, who was known to be prejudiced against the *free-air* system, we come to a curious error committed against the very principles contained in the paper I have presented to this number of your JOURNAL. At p. 436 of the *Critic*, we find the following paragraph about moral treatment: "It tends rather to countenance that recent *heresy* which confers an undue prominence and importance upon *moral agents*, which obscures, if it does not exclude, the *grand truth* which lies at the bottom of all treatment of the insane—that insanity is a symptom of a disease of structure—and which suggest the notion that if affections of the nervous system are amenable, exclusively or chiefly, to amusement, education, appeals to reason, or the sense of the ludicrous, such means of cure or alleviation could be better or more dextrously and delicately applied by men, not necessarily belonging to the medical profession, but who have made the human mind a matter of special investigation." We oppose this doctrine first, because it denies the *unity* of the human mind, implying the error that moral suffering should have no effect on the body, and that *vice versa*, the relief of that suffering or error should not reach the diseased organ. Secondly, because none but the psychopathist can properly apply the convenient and special means, either moral or physical, to cases of insanity.

Then, gentlemen, I find to my great astonishment, the reproduction of a confidential letter, which certainly I never thought of making public. There is a French proverb, *Toutes les v  rit  s ne sont pas bonnes    dire*, which may be applicable

in this instance. I find myself, therefore, obliged to give some explanations; but as the subject is interesting and comes to the point of discussing the value of Gheel, they will be hereafter presented in a review of the more valuable pamphlets and articles lately published on the free-air system. At present, I will content myself with saying—and it is with disgust that I am obliged to divulge the reasons which impelled me to quit Gheel, but it has now become an obligation forced upon me by the indiscretion of an European friend—that the *clique* I had to contend with from the first day of my arrival at Gheel to the last day, was composed, first, of the brokers in insanity alluded to in my letter; and secondly, outside of Gheel, of the governmental *bureaux*, who, secretly, did every mischief they could to that institution, because the free-air treatment was too strong a competitor to the establishments kept and undertaken by the catholic clergy. Undeniable public documents, still in my possession, were the occasion of my notifying the government that I had decided to leave Gheel.

The remarks following my letter in the *Critic* are very curious. "It is the utterance of a partisan, of an enthusiastic admirer of Gheel, who has become familiar with other manifestations of benevolence." My statements are the "legacy of one dead to *European civilization* (!) and surrounded by new social arrangements, by a moral atmosphere of heavy pressure, rapid circulation, and with an intense tendency to new and *extravagant forms of organization*" (!) My answer to this is, that my creed remains the same. Family life and free-air treatment, by answering our moral and physical necessities, are and must be the only system that can satisfy the real philanthropist. That treatment, even disguised or modified, will be found superior to that of any closed asylum. I never doubted that this latter treatment was a benevolent, although mistaken means to cure insanity, but inadequate to the great majority of cases, and applicable to only a tenth part, perhaps, of those confined in asylums.

Now in regard to the third paragraph of the article, I beg leave to observe that, it is a most unfortunate idea to license

inexperienced peasants to keep, each four insane boarders, unless it be under the direction of responsible physicians, having full power to remedy all the defects or wrongs they may observe; and moreover, if such institution was composed of only a few isolated farms, it would become the worst of asylums. The question of the importance and relative sphere of action of the medical centre, I propose to elucidate hereafter in a special paper. The utter ignorance of the christian charity and special aptitudes of the Gheelois, is the cause of the absurdities and untruths contained in the following assertion of the *Critic*, viz: "That the Gheelois are the immediate representatives, the pupils, the heirs of a system characterized by some cruelty, considerable neglect and coercion, and much superstition."

I conclude by saying, that I do not see how I am "dead to civilization" by trying to induce the free-air system in America. If my (so called) *extravagant form of organizing asylums* has not yet been adopted here, I have no doubt that it will soon succeed in both hemispheres under the influence of those who, involuntarily perhaps, contribute to its introduction.

I remain, gentlemen,

With much respect, your devoted,

DR. J. PARIGOT.

ROCKWOOD ASYLUM, KINGSTON, CANADA WEST.—Not long since, in passing through Kingston, we took occasion to visit the institution now in course of erection at Rockwood, in the suburbs of Kingston, and were shown over the portion completed, and also the plans of the edifice, which, if carried out, will furnish in an architectural point of view, one of the most complete institutions for the insane on this continent. The following memoranda were politely furnished us by Dr. Litchfield, the Superintendent. We hope to notice the full completion of the admirable design shown us at no distant time:

"The asylum now in course of construction at Rockwood, near Kingston, Canada West, is intended for three classes of the insane, 1. Convict lunatics who become insane in the

provincial penitentiary, after their conviction and committal there. 2. Lunatic criminals who commit offences at the time that they are insane, and are not convicted of the offence, but on the ground of insanity are sent to the asylum. 3. Lunatics dangerous to be at large who are sent to jail because it is dangerous to the public to leave them at liberty. The last class furnishes the largest proportion of the insane in the asylum at Kingston.

The Asylum was so far advanced in its construction in August, 1862, that the centre building is erected, four stories above the basement, and arranged with Superintendent's office, apartments for assistant medical officer and matron, six dining-rooms for patients 35 by 14, separated by short corridors from the long corridors and dormitories of the wings; a chapel, 51 by 33; vestibule, 23 by 13½; three halls, to be adapted as recreation-rooms and reading-rooms, one on each floor, 51 by 20; bursar's-office and store-room, 35 by 14; and servants' dining-hall, 35 by 14. In the same central building is also space for the hot air or Turkish bath in convenient proximity to both wings, if its eventual introduction into the asylum should be decided upon.

The wing east of the centre building is completed three stories above the basement, and the eastern extremity of that wing, four stories. Each floor constitutes a distinct ward, with a corridor 132 by 14; nineteen single dormitories, 11 by 7, and 12 feet high; one sitting room, 33 by 16; one semi-octagon ditto, 20 by 15; one associated dormitory, 22 by 12; one attendants' room, 19 by 12; a visiting room for friends of patients, 19 by 11; a clothes-room, bath-room, water-closet and drying-closet, and a lobby, 39 by 7, leading to staircase and private entrance.

The fourth story, at the extremity of the east wing, contains the hospital, 33 by 31; a convalescent ward 22 by 12; attendants' room, 19 by 12; friends' visiting-room, 19 by 11; bath-room, water-closet, and other necessary conveniences.

The excavations for the west wing are completed, and the mason work will be commenced immediately, all the cut stone prepared in the penitentiary being ready on the ground.

A range of buildings are nearly completed, which will extend at a right angle from the centre of the building down to the lake. The distance is between 400 and 500 feet. The range will include kitchen, scullery, larder and store-room, bakery, bread-room and flour store, wash-house, drying-room, and ironing-room, seamstresses-room, and two store-rooms for

clothes and linen, rooms for engine, fan and boilers, fuel-sheds, gasometer and gas-house. A range of work-shops terminate in a convenient and large wharf, at which all the fuel and produce used in the asylum can be landed. The gas it is proposed to make from petroleum obtained in the province.

The asylum will be warmed by steam, and ventilated by a powerful fan. The wind in this locality blows for nine or ten months of the year, down the lake, from the south-west—the building on its water front looks due south, and the ventilation will be materially assisted by the prevailing currents of wind.

Additional wings extending from the east and west will ultimately be added to the building. The land tends gently towards the water, and to avoid obstructing the views it is proposed to build the walls at the sides of the airing-ground, and on the margin of the water, as sunk fences on the plan of the *ha-ha*-walls used in England. In front of the building there will be no wall or enclosure. The views in every direction are very fine. To the north, the undulating and wooded country rising from the valley of the St. Lawrence; to the east, the mouth of the St. Lawrence, the city of Kingston, Garden Island and the entrance to the Thousand Islands; to the west, Lake Ontario and the Bay of Quinté; to the south, Simcoe Island, Long Island, Carleton Island, and, in the distance, Cape Vincent.

Large tanks have been provided in the attic for water, to be forced up from the Lake by the steam engine. In the quadrangles will be placed hydrants with a powerful head of water, which may be used as fountains without waste of water, and as a defence in case of fire.

The windows of the principal or north front are constructed of the full size outside, but partly built up with brick inside, and covered by venetian blinds to take away the prison like appearance of small windows. The frame of the window, and the iron guard correspond, in size and shape so that no iron bars or barrier can be seen when the window is closed. The building is as near fire-proof in its construction as is consistent with economy. It is built entirely by convict labor, of stone quarried by convicts on the penitentiary land. It will be a very cheap building to the province.

The architect, Mr. Coverdale, is instructed to confer with the medical Superintendent, Dr. Litchfield, in constructing the building, so that errors may be avoided, and all admitted improvements adopted. A portion of the building is already occupied by male patients, and it is expected that accomoda-

tions for 120 patients will be provided by next midsummer. When completed, the asylum will accommodate about 400 patients."

SIEGBURG.—The following results of the operations of the Asylum at Siegburg for the year 1860, may not be uninteresting to the readers of the JOURNAL. The Siegburg Asylum, as is well known, is the oldest institution in Germany, conducted on modern principles, and has long been directed by Dr. Jacobi, the oldest and most distinguished of German Psychologists:

"In the beginning of the year the number of patients in the institution was 193; the number of new cases received during the year was 284, making altogether 477 which had been under treatment. The number discharged in the course of the year was 241—males 117, females 124—Catholics 175, Evangelists 65, Jews 1.

"The curative results were as follows: Discharged recovered 79—34.80 per cent; improved 108—47.58 per cent; died 20—8.81 per cent; total 227.

"Of the number which left the institution 12 were taken away during the course of the treatment, and 2 were discharged as not being insane."—*Prussian Medical Times*, No. 14, 1861.

HOMICIDAL INSANITY.—A case of great interest has lately been published by Dr. Yellowlees, of Morningside, under the title of "Homicidal Mania, a biography." The subject of the memoir was one William Smith, who for years was perhaps the most dangerous lunatic in Scotland. He was, originally a carpenter and joiner, but afterwards turned printer, publisher, author and musician. There can be no doubt that his mental faculties were originally of a superior order. He was of an extremely "touchy" disposition, and was constantly trying to obtain redress at the hands of the law for petty annoyances from different persons. Failing to obtain what he considered justice, he gave himself up to the passion of revenge, and the remainder of his long life was spent in endeavoring to take the life of every person with whom he came in contact. Besides his homicidal propensities there was in the latter part of his career other clear evidence of insanity and brain disease. The autopsy revealed three dis-

tinget softenings of the brain, one about the size of a filbert in the right corpus striatum, another under the floor of the posterior cornu of the right lateral ventricle, and a third in the left thalamus opticus. There was besides an atheromatous condition of all the cerebral arteries, and thickening and opacity of the arachnoid. Three years before he died, he had a slight apoplectic attack. The most remarkable fact that the examination revealed was a diminution in the size of the head. "On comparing the cast of the head taken after death with another taken seventeen years before, there was found to be a very remarkable difference between them, not in form only, but also in size, the head having become less during these seventeen years by an amount equal to at least twelve cubic inches." The confirmed insanity of the case, however, does not entirely disprove that at the outset Smith was a responsible agent. The facts that he at first attempted to obtain legal redress, that he was clearly aware of the nature of the crimes he contemplated, and of their consequences, and that at the asylum in which he was first confined he managed to behave so well that he was liberated as sane, might reasonably be held to prove such a perception of right and wrong, and such a power of will as would constitute responsibility. It even might be suggested that the brain disease in the first instance was as much the result as the cause of his morbid mental excitement. If undue intellectual activity will induce cerebral affection, it would be hard to prove that undue activity of an emotional or moral character may not have the same effect. Whatever view, however, be taken of the case, it was in many respects a peculiar one, and the profession is much indebted to Dr. Yellowlees for the very able and full account of it he has drawn up.—*Medical Times and Gazette*, September 6, 1862.

HOMICIDAL MANIA.—Dr. Yellowlees read a paper on "Homicidal mania: with Medico-Legal and Physiological comments."

The President stated that he perfectly remembered the individual whose case had been recorded. At that time he appeared to be rather good-tempered, and was very vain of his powers of music and singing, as well as of his literary abilities.

Dr. Thompson, Perth, must express the pleasure with which he had listened to the very interesting case narrated by Dr. Yellowlees, although he could not enter on so wide a subject, and one which presented so many ramifications as that of

homicidal mania. One very important feature of homicidal mania, and one which involved a great medico-legal difficulty, had never yet been perfectly handled; he meant the circumstance that the individual might have *induced* the tendency to mania by habits of intoxication. This was a striking feature in the case of a young man who was tried at Edinburgh for the murder of his grandmother, was found to have been insane at the time of having committed the homicide charged, and was admitted into the general prison, Perth, in February, 1859. The man was a sailor, and returned home after a fit of hard drinking extended over several days. He complained of illness, was sleepless and terrified, and fancied that he was pursued by imaginary persons. Two days afterwards he stabbed his grandmother with a breakfast knife repeatedly in the throat. This individual had never shown the slightest symptom of insanity since the homicidal act. Dr. Thomson might remark that out of fifteen cases of prisoners in confinement in the Perth prison for crimes ascribed to homicidal mania, seven or eight had never, since they came under his care, manifested anything but slight weakness of mind; in fact, they had appeared quite rational immediately after the act. It was a very serious question what was to be done with these persons. Dr. Thomson's impression of the individual whose case had just been narrated, was rather different from what had been conveyed by Dr. Yellowlees. Dr. Thomson thought that from the eccentricity of the individual, he must have had a peculiar original tendency to insanity, that in fact he must have been insane from an early period of life.

Dr. Haldane had listened with much interest to the facts mentioned by Dr. Yellowlees, in reference to the diminution in the size of the cranium in the case he had narrated. The brain naturally shrank as life advanced, and as the absolute amount of the cranial contents could not vary, the diminished quantity of cerebral matter was made up for in various ways. There was an increased amount of serum in the cavity of the arachnoid, and in the tissue of the brain; the ventricles became dilated and filled with serum; the membranes became thickened; and finally it was not unusual to find increased thickness of the cranial bones. It would appear, however, from Dr. Yellowlees' case, that the size of the cranium might absolutely diminish, and thereby adapt itself to the diminished quantity of its contents. A point worthy of notice in that case was, that though the brain was atrophied, the lateral ventricles were not increased in size and contained little fluid,

which could not have been the case unless the capacity of the cranium had been diminished.

Dr. John Struthers remarked that there was a general idea that in old age the bones of the skull became thinner; he had, however, in various cases been led to believe the contrary, and he was glad to find that Dr. Haldane had made the same observation.

Dr. Gairdner thought that in many cases the skull became thinner in old age; no doubt, it sometimes became thicker, but in these cases Dr. G. thought that this was the result of disease, such as epilepsy, or of some constitutional taint. For the skull to become thin in old age was, in Dr. Gairdner's opinion, the physiological change. There were too ways in which observations might be made regarding alterations in the size of the skull. First accurate measurements might be taken of the cranium of the same individuals at different periods of life. Second, series of crania might be examined, sufficiently numerous; and when the ages of the subjects were known, Dr. Gairdner believed that it would be found that diminution in the size of the skull would be found to be of more frequent occurrence than Dr. Yellowlees supposed, that in fact it was a physiological condition.

Mr. Benjamin Bell might mention in reference to the question of change taking place in the dimensions of the cranium, that Mr. Kiernan had once informed him that after a year spent in Paris, during which he had worked harder than at any former period, the hat that had fitted him on his arrival was far too small at the end of the time. Mr. Kiernan's accuracy of observation was too well known to allow it to be supposed that there was any fallacy connected with this statement. If, therefore, the brain could increase in size in adult life, and determine a corresponding increase in the dimensions of the cranium, it was not surprising that a diminution in the size of the brain should lead to a diminution in the size of its bony case.—*Edinburgh Medical Journal, Dublin Medical Press, August 20.*

DIPSOMANIA.—Within the last few years the word dipsomania has been coined to express that craving for intoxicating liquors which, according to some physicians, partakes of the character of insanity. Now, although a fit of intoxication is undoubtedly an attack of temporary mania, yet it seems to me a highly unphilosophical view (and, one too, which is

fraught with the greatest danger to society) to regard a dipsomaniac as an irresponsible being; to look upon him, in fact, as an individual affected by some recognized form of lunacy. Hard drinking is a degrading vice, and like many other vices, the more freely it is indulged in, the more difficult is its discontinuance. It seems absurd to say that the desire for alcoholic stimulants is a disease—that it is symptomatic of some cerebral condition, unless, indeed, we say the same of every act of wickedness or folly. Not only is the experience of the dead-house against such a view; but if we set aside this evidence as being of little value, we yet know that there is no difficulty in curing the most inveterate sot, provided we are but able to deprive him of his poison. The fact is indisputable, that many who drink to excess, can be persuaded to abstain temporarily, if only a limit to their abstinence be fixed, so that they may enjoy the anticipation of a debauch; while a few can be so influenced that they renounce this habit entirely.

The drunkard is a nuisance to himself and all who are brought into contact with him; and it is to be regretted that there are no legal means of controlling him until he is cured of his folly. The man who attempts suicide by some summary process is liable to imprisonment; while he who slowly poisons himself may proceed to certain destruction with impunity. He may ruin himself and his family, but so that he breaks only moral laws and obligations he can not be stopped in his downward career. The welfare of society demands some place of detention for such men: and even if an act of parliament can not be obtained to sanction the necessary interference with the liberty of these misguided people, yet I believe that there are many who would voluntarily enter and submit to the rules of an institution for the cure of drunkenness. Mr. Dickens in his "American notes" mentions the case of a man who got himself locked up in the Philadelphia prison, so that he might rid himself of his propensity to drink; where he remained in solitary confinement, for two years, though he had the power of obtaining his liberty at any moment that he chose to ask for it. Patients have more than once told me that they would gladly submit to any treatment or surveillance; but they have also said that, without restraint all else would be useless, for they could not trust themselves.—*Manual of the Practice of Medicine by T. H. Tanner, M. D., Dublin Medical Press, August 27.*

CASE OF EPILEPSY WITH MANIA FROM TUBERCULOSIS.—A peasant-maid, aged 20 years, affected with epilepsy with mania, suffered during an attack a contraction of the right elbow-joint, which remained permanent till death. In the dead body the joint was again flexible. On a *post-mortem* examination tubercles were found in the brain, not only at the base but in the ventricles, beside the choroid plexus, likewise in the liver and lungs, and also extensive ulceration of the intestinal canal. The tuberculosis of the brain must be regarded as the cause of the epilepsy and mania, inasmuch as, according to the history of the patient, the duration of the mental disturbance corresponded with the development of the tuberculosis.—*Allgemeine Zeitschrift für Psychiatrie*.

CLINICAL INSTRUCTION IN INSTITUTIONS FOR THE INSANE.—It has been determined to erect two new institutions for the insane in Hanover, of a capacity to accommodate 200 patients each; one at Gottingen, in which clinical instruction will be imparted, and the other at Osnabruck. For each of these institutions the sum of \$230,000 has been appropriated. Dr. Snell, medical councilor, has furnished the plans, and the architect has been employed to visit other institutions to obtain the necessary information.—*Allgemeine Zeitschrift für Psychiatrie*.

APPOINTMENT.—Dr. A. O. Kellogg, of Port Hope, Canada, has been appointed one of the Assistant Physicians of the New York State Lunatic Asylum.